Report

of the

Medical Officer of Health

City of Glasgow

1972

THE CORPORATION OF THE CITY OF GLASGOW

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City of Glasgow

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GLASGOW'S MEDICAL OFFICERS OF HEALTH 1863-1972.

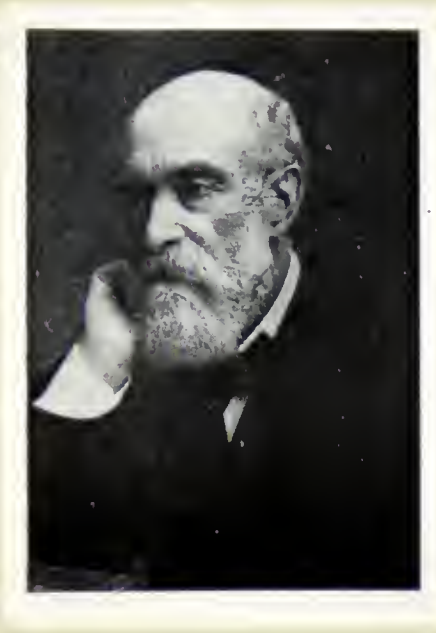
1863/72

Sir

WILLIAM TENNANT GAIRDNER

K.C.B., LL.D., M.D.

First Medical Officer of Health for Glasgow



1872/98

Dr. JAMES BURN RUSSELL

B.A., M.D., LL.D.

- The era of sanitary reform.
- Studies in epidemiology of acute fevers.
- Studies in vital statistics.
- The provision of hospital accommodation for cases of infectious disease and tuberculosis.

1898/1925
Dr. A. K. CHALMERS
LL.D., M.D.

1925/46
Sir ALEXANDER MACGREGOR
K.B.E., O.B.E., LL.D., M.D.
D.P.H.

- The era of the Welfare Revolution.
- The development of personal services for mothers and children.
- The introduction of the School Health Service.
- Notification of pulmonary tuberculosis.
- The Milk and Meals Scheme.
- Co-ordination of the Health Services under the Local Government Act, 1929.
- The period of expansion of the municipal general hospitals.
- The hospital reorganisation scheme.
- Further development of co-operation with University health departments.
- The Outdoor Medical Service.
- The development of the Day Nursery Service.
- The development of a Home Help Service.

1946/56

Dr. STUART I. A. LAIDLAW
O.St.J., J.P., B.L., B.Sc., Ph.D.
M.D., D.P.H., D.P.A., F.R.F.P.S.(G)

1956/67

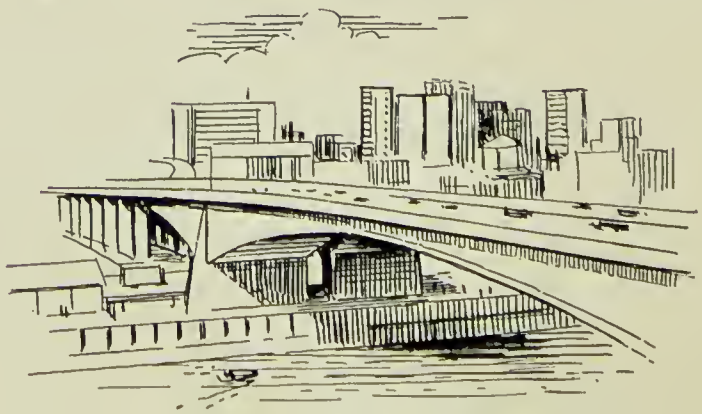
Dr. WILLIAM A. HORNE
C.B.E., M.D., D.P.H.

- Close working relations with the Welfare Department leading to a united Health and Welfare Department in 1950.
- The development of facilities for old people.
- Studies of inmates of model lodging-houses.
- The Mass X-ray Campaign in 1957.
- The introduction of immunisation schemes such as B.C.G., polio. vaccination, triple antigen.
- Smoke Control Areas—The Clean Air Act, 1956.
- The Social Paediatric Research Unit.
- Development of Services for the handicapped child—Assessment Units and Special Day Nurseries.

1967/71
Dr. ARCHIBALD R. MILLER
M.D., D.P.H.

1971/—
Dr. T. S. WILSON
M.D., F.F.C.M., D.P.H., D.I.H.
D.P.A.

- The introduction of computerised medical records.
- The Glasgow computer immunisation scheme.
- Family Planning.
- Health Centres.
- Nurse attachment schemes and development of nursing services.
- Rubella immunisation.
- Large scale eradication of unfit houses.
- Preparation for change.
- The New Beginning.



Year	Population	Births	Deaths	Birth rate per 1,000	Death rate per 1,000	Deaths under 1 year	
						Number	rate/1,000
1863 (Gairdner)	413,944	16,986	13,329	41.0	32·2	2,774	163
1872 (Russell)	494,824	20,158	14,053	40·7	28·4	3,198	159
1898 (Chalmers)	724,349	24,262	15,333	33·5	21·2	3,792	156
1925 (MacGregor)	1,097,841	25,416	15,336	23·2	14·0	2,591	102
1946 (Laidlaw)	1,090,998	23,560	14,502	21·6	13·3	1,588	67
1956 (Horne)	1,072,340	21,885	13,194	20·4	12·3	720	33
1967 (Miller)	960,527	19,332	11,482	20·1	12·0	474	25
1971 (Wilson)	893,790	15,357	11,609	17·2	13·0	389	25
1972	861,898	13,034	12,133	15·1	14·1	330	25

CORPORATION OF GLASGOW
SOCIAL WORK AND HEALTH COMMITTEE
1972-1973

The Right Honourable the Lord Provost
William S. Gray, J.P.

Convener—Agnes M. Patrick

Sub-convener—Geoffrey M. Shaw

Bailies

James Gunn
Bashir A. Maan
John McQueenie
Philip O'Rourke
Robert Stewart
William Wightman

Councillors

John A. Bailey
Agnes L. Ballantyne
Janet S. B. Browning
Catherine Cantley
Jean Craig
John Davis
Gordon B. Gibb
William Hatton
Andrew T. Keter
John Lavelle
Cyril Lombardi
William J. McCredie
Laurence McGarry
John Mair
David Marshall
Constance Methven
David Miller
Agnes M. Patrick
William Perry
J. Gordon Rennie
John K. Richmond
Geoffrey M. Shaw
Samuel Shields
Gerald Somers
John Stewart
Elisabeth Taylor
Patrick Trainer
Winifred Waddell
David M. Wardley
John S. Young

Appointed in terms of paragraph 5 of the Glasgow Probation Scheme, 1969.

The Sheriff Principal (Sir Allan G. Walker)
Sheriff C. H. Johnston
Sheriff W. O. Pattullo

HEALTH DEPARTMENT STAFF

1972

Medical Officer of Health

T. Scott Wilson, M.D., F.F.C.M., D.P.H., D.I.H., D.P.A.

Depute Medical Officer of Health

John Clark, M.B., Ch.B., M.F.C.M., F.R.F.P.S.G., D.P.H., D.P.A.

Principal Medical Officers

Maternity and Child Health	M. J. W. Finlayson, M.B., Ch.B., M.F.C.M., D.P.A., D.P.H., D.C.H.
School Health Service ...	M. P. Menzies, M.B., Ch.B., F.F.C.M., D.P.H., D.P.A.
Health Education and Geriatric Assessment ...	Desmond J. Reilly, M.B., Ch.B., M.F.C.M., D.P.H., D.I.H.
General	Alexander Neilson, M.B., Ch.B., M.F.C.M., D.P.H.

Divisional Medical Officers

Central Division	A. T. Campbell, M.B., Ch.B., D.P.H.
Northern Division ...	I. M. Stewart, M.B., Ch.B., D.P.H., D.I.H.
Eastern Division	William Ducat, M.B., Ch.B., D.P.H., M.F.C.M., D.P.A.
South-Eastern Division ...	W. Derek Wilson, M.B., Ch.B., M.F.C.M., D.P.H.
South-Western Division ...	William Thomson, M.B., Ch.B., M.F.C.M., D.P.H., D.Obst., R.C.O.G.

Assistant Divisional Medical Officers

N. H. Logan, M.B., Ch.B., M.F.C.M., D.P.H., D.Obst., R.C.O.G., D.P.A.

T. W. Cross, M.B., Ch.B., D.P.H.

Mental Health Services—Medical Officers

JAMES P. STEWART, M.B., Ch.B.

CECILIA I. LINDSAY, M.A., B.Sc., M.B., Ch.B.

Sanitary Inspectors

Chief Inspector

JAMES JACKSON

Divisional Inspectors

Central	JAMES S. BROWN
North	WILLIAM C. C. WHITEFORD
East	JOHNSTON N. LANDER
South-East	THOMAS K. WORK
South-West	L. GORDON WARWICK

Senior Inspectors

Food	ANDREW THAW (Acting Senior)
Port Health Authority	JAMES H. SMYTH

Technical Officers—Air Purification

Smoke, Fume and Grit Control ...	JOHN H. CHRISTIE, A.M.Inst.F.
Smoke Control Areas	IAN MACPHERSON, B.Sc., F.R.S.H.

Director of Nursing Services

Miss M. Nairn

Superintendent of Health Visitors

Miss J. MACEACHERN

Superintendent of District Nursing

Miss JANE M. LAMONT

Supervisor of Midwives

Miss MCKINLAY

Chief Chiropodist

HUGH S. MUNRO, M.Ch.S., S.R.Ch.

Chief Dental Officer

MARTYN L. H. DAVIES, L.D.S., R.F.P.S.(G)

Health Education Officer

WILLIAM FRAME, M.R.I.Ph.

Administration

Principal Administrative Officer	HENRY D. FERGUSON
Assistant Administrative Officers	ARCHIBALD F. CAIRNS
	WILLIAM B. SLOAN (School Health Service)

Western Regional Hospital Board

Director, City Laboratory	T. F. ELIAS-JONES, M.B., Ch.B., F.R.C.Path.
Depute Director	NANCY K. CONN, M.A., M.D.

Social Paediatric Research Group

Senior Lecturer ... ... *(Department of Child Health, University of Glasgow)*	I. D. GERALD RICHARDS, M.D., Ph.D., M.R.C.P., D.P.H.
Senior Clinical Medical Officer ... *(Seconded by Health Department)*	FRANCES M. W. HAMILTON, M.B., Ch.B., D.P.H., M.F.C.M.
Research Fellow (University) ...	GILLIAN M. MCILWAINE, M.D., D.Obst., R.C.O.G.
Research Assistants (University)	ROSEMARY T. BOOTHMAN, M.B., B.Ch., D.C.H.
	SANDRA SWEENIE
Field Workers (University) ...	HELEN T. MCINTOSH
	MARY T. REID

CONTENTS

PREFACE

This will be the last Report by a Medical Officer of Health for the City of Glasgow. The rapidly changing scene over the last 100 years is briefly referred to in an introductory section. There have been eight Medical Officers of Health of the City since the appointment of the first office holder in 1863.

Once again I have to report that many members of the staff have been actively engaged in the preparations for change in the organisation of the National Health Service.

Vital Statistics

The relevant Vital Statistics for 1972 are :—

Birth Rate per 1,000 living	15·1
Illegitimate Births (percentage of total births) ...	13·5
Deaths under 1 year per 1,000 live births	25
Neonatal Death Rate per 1,000 live births ...	15
Stillbirth Rate per 1,000 births (live and still) ...	15
Perinatal Mortality per 1,000 live and stillbirths ...	28
Death Rate per 1,000 living (all causes)	14·1

The Child Health Services

The child health and school health services have been brought closer together and particularly so in the consideration of the educational assessment of children. There is now a freer flow of information between the two services.

Nursing Services

Miss Margaret Nairn was appointed Director of Nursing Services on 1st September, 1972. An early task was the creation of a new community nursing structure, which has now been successfully achieved. The general policy of attachment of nurses to practices continues. Domiciliary midwifery services are now based on hospital obstetric units.

Family Planning

Further expansion in this service took place. Services are available at local authority clinics, Family Planning Association clinics and from general practitioners in the City. The arrangement with the Family Planning Association is under Agency Scheme 4. Through this Association domiciliary family planning arrangements are available and also facilities for the investigation of psycho-sexual disorders.

Immunisation

The Computer Scheme is now well established and has contributed markedly to an improvement in the immunisation rate. The School Health Service has ensured that adequate booster arrangements exist for Diphtheria, Tetanus and Poliomyelitis immunisations. The B.C.G. Campaign and the Rubella inoculation programmes have once again been very successful.

Health Education

During the year "The Alcoholic Needs Help" Campaign was successfully pursued. Once again the Health Committee sponsored a poster competition at the Glasgow School of Art this year on the topic of obesity. In co-operation with the Schools' Television Service a series of health programmes has been prepared for young people.

Housing

Slum clearance operations continue on a vast scale. During 1972, 6,669 houses were represented under the Housing (Scotland) Act, 1969, as below the tolerable standard and for demolition, while 383 houses were designated for improvement. Since 1962, 44,656 houses have been represented as unfit.

Air Purification

The Ruchill Smoke Control Order was approved early in 1972 and this covered over 12,000 premises. The year was extremely difficult because of troubles in the building, mining and gas industries. Preliminary work proceeded for the Springburn and Partick West areas.

It gives me much pleasure to thank the Convener and members of the Social Work and Health Committee for their support and encouragement during 1972. In the preparation of this Report, I have had the assistance of all sections of the Department and, in particular, from Mr. Alex. Arthur and Mrs. Elizabeth Emans of the Registrations and Library Section. Warm thanks are extended to all members of the staff for their able work and support during the year.

DR. T. S. WILSON,

Medical Officer of Health.

26*th October*, 1972.

SECTION I

VITAL STATISTICS, ETC.

The following is a summary of the principal vital statistics of the City :—

SUMMARY

	1972	1971	1970	1969	1968
Population	861,898*	893,790*	907,672*	927,948*	945,034*
Acreage	39,725	39,725	39,725	39,725	39,725
Persons per acre	22	22	23	23	24
Number of Inhabited Houses	286,642	291,696	302,882	305,986	309,313
Deaths—After correction for Transfers	12,133	11,609	12,022	12,338	12,220
Births—After correction ...	13,034	15,357	16,233	17,405	18,816
Death rate per 1,000 living —All causes	14·1	13·0	13·2	13·3	12·9
Birth rate per 1,000 living	15·1	17·2	17·9	18·8	19·9
Deaths under One Year— After correction	330	389	375	470	494
Deaths under One Year per 1,000 births	25	25	23	27	26
Neonatal death rate—Per 1,000 live births	15	17	13	16·3	15·5
Stillbirth rate per 1,000 births (live and still)	15	15	17	16·1	17

*Midycar population.

Particulars of the causes of mortality together with the rates are given in Table VI in the Appendix, and the age and sex distribution in Table VII.

BIRTHS

There was another decrease in the number of births registered in 1972, the total 13,034, being 2,323 fewer than in 1971 and the lowest number yet recorded in the City.

The birth rate was 15·1 per 1,000 of population compared with 17·2 in 1971. Appendix Table XII shows the births and birth rates for each year since 1915 and Table IV the Ward distribution of the births and the Ward birth rates for both 1971 and 1972.

Male births formed 51·4 per cent of the total as against 51·0 per cent in 1971.

Illegitimate Births.—There were 1,759 illegitimate births in 1972 compared with 1,883 in 1971 and 1,914 in 1970. This is equivalent to 13·5 per cent of the total births as against 12·3 per cent the previous year and is the highest rate so far recorded for the City. The following table shows the trend in the rate since 1946.

1946-1950 (Average)	5·6	1968	10·4
1951-1955 (Average)	4·9	1969	10·7
1956-1960 (Average)	4·9	1970	11·8
1961-1965 (Average)	6·6	1971	12·3
1966	8·8	1972	13·5
1967	9·6		

MARRIAGES

There was a decrease in the number of marriages in 1972, 8,246 compared with 8,522 in 1971 and 8,736 in 1970. This represents a rate of 9·6 per thousand of the population as against 9·5 the previous year. The following table shows the trend in the rate since 1911.

MARRIAGE PER THOUSAND PERSONS LIVING

1911-1920	9·7	1956-1960 ...	9·5
1921-1930	8·9	1961-1965 ...	8·7
1931-1940	9·7	1966-1970 ...	9·4
1941-1945	11·0	1971	9·5
1946-1950	9·8	1972	9·6
1951-1955	9·6		

This is still above the rate for Scotland as a whole, which was 8·1 in 1972 the same rate as 1971.

DEATHS

There were 12,133 deaths registered in Glasgow in 1972 compared with 11,609 in 1971. In 1972, Glasgow, with 16·5 per cent of the total population of Scotland (17·1 in 1971), accounted for 18·7 per cent of the deaths.

The general death rate rose from 13·0 in 1971 to 14·1 in 1972. Appendix Table V shows the deaths in 1972 in each Ward and the death rates for the three years—1970, 1971 and 1972.

The sex and age distribution of deaths, classified to the Eighth Revision of the International Statistical Classification of Diseases and Deaths (Short List) has been taken from the *Registrar General's provisional return* and is shown in Appendix Table VII.

The age distribution of deaths as a rate per 1,000 deaths at all ages is given in the table below :—

RATE PER THOUSAND AT ALL AGES

	–4 wks.	–1 yr.	–5	–15	–25	–35	–45	–55	–65	65 +	Total
1962	38	20	7	7	8	14	34	89	195	588	1,000
1963	32	21	7	6	7	13	31	84	200	599	1,000
1964	33	19	6	6	9	12	33	89	210	583	1,000
1965	29	17	6	6	9	13	31	83	200	606	1,000
1966	30	18	7	6	9	12	28	83	196	611	1,000
1967	26	15	6	6	8	10	31	79	206	613	1,000
1968	24	17	6	6	8	11	29	80	190	629	1,000
1969	23	15	5	7	6	12	27	77	197	631	1,000
1970	18	14	6	6	8	11	27	77	199	634	1,000
1971	22	12	5	6	8	10	26	79	187	645	1,000
1972	16	11	5	5	8	9	26	75	183	662	1,000

In 1951, 8·5 per cent of all deaths occurred at ages under 15 years and 73 per cent at ages over 55.

In 1972 the relative proportions were 3·7 and 84·6 per cent.

Over 55 years the male deaths totalled 5,165 in 1972 compared with 4,832 in 1971, while the number of female deaths was 5,097, an increase of 276. This is equivalent to 82 per cent of all the male deaths (79·7 in 1971) and 87·4 per cent of the female deaths (86·9 per cent in 1971).

Relative Frequency of Causes of Death.—A comparison is made in the following table of the commonest causes or groups of causes of death which were together responsible for 86 per cent. of all the deaths in 1972 and 87 per cent in 1971 :—

	1972		1971	
	Number	Per cent of all Causes	Number	Per cent of all Causes
Heart Disease	3,922	32·33	3,743	32·24
Malignant Neoplasms	2,577	21·24	2,624	22·60
Cerebro-Vascular Disease	1,753	14·45	1,747	15·05
Bronchitis	681	5·61	656	5·65
Pneumonia	626	5·16	442	3·81
Violence	549	4·52	589	5·07
Congenital Anomalies and other causes of perinatal mortality ...	235	1·94	277	2·39
Pulmonary Tuberculosis	73	0·60	70	0·60
	10,416	85·85	10,148	87·41

With the exception of Pneumonia and Violence, the relative frequency of the eight main causes remains unchanged from 1971.

An analysis of the provisional figures of causes of death for the whole of Scotland shows the first three causes as above but followed by pneumonia, violence, bronchitis, congenital anomalies and pulmonary tuberculosis in that order. Together, these eight causes account for 85·99 per cent of the total deaths compared with the City figures of 85·85. Bronchitis and pneumonia accounted for a higher proportion of the City deaths, 5·61 and 5·16 respectively as against 4·39 and 4·68 for the country as a whole. Pulmonary tuberculosis was not among the first eight causes of death in Scotland in 1972, but is included here for comparison with the City figure. Pulmonary tuberculosis accounted for only 0·24 per cent of all Scottish deaths compared with 0·60 for Glasgow. In the two major groups, heart disease and cerebro-vascular disease, the proportions were lower for the City ; for Scotland the respective figures were 34·47 and 15·97. Similarly, the proportion of deaths from violent causes was 4·52 for Glasgow compared with 4·62 for Scotland as a whole. The proportion of City deaths from Malignant Disease, 21·24, was higher than that for Scotland, 19·86. Congenital anomalies and other causes of perinatal mortality accounted for 1·75 of all Scottish deaths, a slightly higher proportion than that for the City, 1·94 per cent.

CAUSES OF DEATH

The following table is a summary of the causes of death as shown in the Registrar General's provisional return for each year (see Appendix Table VI) arranged in the principal groups according to the revised International Classification adopted in 1968.

SUMMARY OF DEATH RATES *PER MILLION FROM PRINCIPAL CAUSES

	1972	1971	1970
General Diseases—			
(*a*) Infective and Parasitic Diseases ...	67	57	63
(*b*) Tubereulosis—			
(1) Respiratory	85	78	99
(2) Non-respiratory	22	27	20
(*c*) Malignant (caneer, ete.)	2,990	2,936	2,932
Diseases of the Nervous System	230	215	227
Diseases of the Cireulatory System	7,074	6,556	6,411
Diseases of the Respiratory System (including Influenza)	1,747	1,320	1,721
Diseases of the Digestive System	362	300	338
Congenital Anomalies and other causes of perinatal mortality	273	310	286
Violenee	637	659	589
All other causes	590	530	559
	14,077	12,988	13,245

*The rates have been caleulated on the *midyear* population.

Infective and Parasitic Disease.—Fifty-eight deaths were allotted to this group in 1972 compared with 51 in 1971.

Included in this group were 26 deaths from Enteritis, 1 from Measles and 6 from Meningococcal Infection.

Diseases of Nervous, Circulatory, Respiratory and Digestive Systems.—A comparison of deaths from these diseases for the last three years is shown below :—

	1972	1971	1970
Diseases of the nervous system ...	198	192	206
Ischaemic heart disease ...	3,179	2,938	2,919
Other diseases of the circulatory system	2,918	2,922	2,900
Diseases of the respiratory system ...	1,506	1,180	1,562
Diseases of the digestive system ...	312	268	307

Congenital Anomalies and Other Causes of Perinatal Mortality.—With the exception of deaths from congenital anomalies, all the deaths attributed to this group occur at ages under 1 year and these are discussed in the appropriate section of Maternity and Child Welfare.

The distribution of the deaths from congenital anomalies in 1972 is compared with 1951, 1961, 1966 and 1971 as follows :—

	- 1	- 5	- 15	- 45	- 65	65 +	All Ages
MALES—							
1951 ...	70	7	3	2	1	1	84
1961 ...	73	8	7	5	4	3	100
1966 ...	53	5	1	3	2	1	65
1971 ...	38	2	3	1	2	1	47
1972 ...	32	1	4	3	4	3	47
FEMALES—							
1951 ...	55	2	3	3	6	1	70
1961 ...	74	5	6	2	4	1	92
1966 ...	52	2	1	6	4	—	65
1971 ...	32	3	5	2	3	3	48
1972 ...	32	8	1	5	3	1	50

The Registrar General's provisional return for 1972 gives the sex and age distribution of these 97 deaths in three main groups as follows :—

		- 1	- 5	- 15	- 45	- 65	65 +	Total
Congenital Malformation								
of the nervous system	M.	5	—	—	1	1	—	7
and sense Organs ...	F.	12	2	1	1	—	—	16
of the Circulatory System	M.	14	—	4	2	1	1	22
	F.	12	5	—	4	—	—	21
Other forms	M.	13	1	—	—	2	2	18
	F.	8	1	—	—	3	1	13

Malignant Disease.—The Registrar General in his provisional return for 1972 attributed 2,577 deaths to malignant disease, 47 fewer than in 1971. The following table shows the principal sites of the disease and compares the 1972 figures with those of 1971 and 1970.

		1972	1971	1970
Malignant Neoplasms—				
of the stomach	M.	134	150	126
	F.	119	136	133
of trachea, bronchus and lung ...	M.	745	685	756
	F.	180	177	177
of breast	M.	2	1	2
	F.	207	189	216
of cervix uteri	M.	—	—	—
	F.	40	46	52
of lymphatic and haematopoietic tissues	M.	65	66	64
	F.	48	55	57
of all other sites	M.	525	573	562
	F.	512	546	516
All Forms	M.	1,471	1,475	1,510
	F.	1,106	1,149	1,151
Grand total		2,577	2,624	2,661

Deaths from violence.—In 1972 Violent Causes ranked sixth as a major cause of death in Glasgow, the Registrar General in his provisional return allotting 549 deaths to this group.

The following table shows the sex and age distribution of the deaths allotted to this group by the Registrar General in 1951, 1961, 1966, 1971 and 1972.

	Males						Females					
Year	-5	-15	-45	-65	65+	Total	-5	-15	-45	-65	65+	Total
1951	40	38	86	84	84	332	35	9	28	35	99	206
1961	26	26	121	123	83	379	22	10	21	38	114	205
1966	34	25	137	122	71	389	19	10	39	49	88	205
1971	30	33	125	98	84	370	16	10	32	45	116	219
1972	20	27	115	87	74	323	20	5	31	51	119	226

A full analysis of the various causes of accidental death is provided by the Registrar General in his Annual Reports. The Report for 1971 will not, however, be published till later this year but the following table has been prepared from information given in his provisional return and figures for 1971 and 1970 shown for comparison :—

	1972	1971	1970
Number of deaths—			
Motor Vehicle Accidents	155	158	149
Other Road Vehicle Accidents ...	1	—	2
Accidents in the Home	163	158	152
Other Violence	170	208	180
Suicide and Self-inflicted injury ...	60	65	52
	549	589	535

POPULATION, ETC.

It should be noted that in this Report, the various rates have been calculated on the *mid-year* population and not on the December estimate as in the years prior to 1964.

The Registrar General's estimate of the City's population as at 30th June, 1972 was 861,898 a decrease of 31,892 from the 1971 mid-year estimate.

This continued fall in population is in line with other large cities and is due in large measure to Overspill.

Natural Increase.—A large reduction in the number of births in 1972 offset the slight increase in deaths resulting in a Natural Increase of only 901, the smallest in the past 10 years.

NATURAL INCREASE (*for Calendar year*)

1962 ...	... 10,267	1966 ...	... 7,325	1970 ...	... 4,211
1963 ...	... 8,901	1967 ...	... 7,850	1971 ...	... 3,748
1964 ...	... 10,128	1968 ...	... 6,596	1972 ...	... 901
1965 ...	... 8,086	1969 ...	... 5,067		

Ward population.—Details of the estimated population in each Ward of the City are given in Appendix Table I.

Acreage.—The area of the City remains unaltered at 39,725 acres. The following table shows the progress of the City's expansion since the beginning of the century :—

	Acres
1901	12,681
1911	12,975
1921	19,183
1931	29,511
1951	39,725

The 37 Wards of the City vary considerably in size, from the smallest, Woodside, with 170 acres, to Provan with 4,846 acres. Cowcaddens, Woodside and Gorbals are the only three Wards which have remained unchanged in area throughout the various extensions to the City and alterations in Ward boundaries which have taken place since the Wards were first "recast" in 1920.

Occupied Houses.—A return of occupied houses (including inhabitant occupiers) as at Whitsunday of each year is compiled by the City Assessor and the following analysis is based on the information given in this return.

There was a further decrease in the number of occupied houses from 291,696 in 1971 to 286,642, a reduction of 5,054, due to large scale redevelopment in various areas of the City. This drop in the number of occupied houses is attributable mainly, as in previous years, to housing and major road developments.

This reduction of 5,054 is, of course, the *net* change from the previous year. In actual fact, there was a reduction of 7,336 houses among twenty-seven Wards, offset by an increase of 2,282 in the other ten. The decrease was most marked in the Wards of Mile-End (863), Dalmarnock (835) and Kingston (584).

Increases ranged from 37 in Cathcart to 692 in Pollokshaws and included 383 in Craigton and 365 in Knightswood.

The number of occupied houses in the City according to size is as follows :—

	1972	Compared with 1971	
One apartment	13,782	Decrease	1,372
Two apartments	62,583	Decrease	4,322
Three apartments	122,370	Increase	111
Four apartments	64,231	Increase	420
Five apartments and over ...	23,676	Increase	109
	286,642	Decrease	5,054

This decrease in the number of (occupied) one apartment houses is, of course, the *net* total for the City. Four Wards increased in number, those being Provan (45), Gorbals (42), Pollokshields (38), and Pollokshaws (23). The increases were due to the provision of flats for single and aged persons which are now a feature of modern housing schemes

The decrease in occupancy of the older type of one-apartment houses was 1,372 (this figure takes no account of the increase of 529 in the unoccupied one apartments).

The distribution of 13,782 occupied one-apartment houses throughout the 37 Wards ranges from 3 in Park to 1,006 in Dalmarnock, with the greatest concentration in older parts of the City. Once again, only one Ward has over 1,000 of this type of house.

The following table shows the five Wards with the greatest number of one-apartment houses (occupied and empty) compared with the relative proportion of houses of all sizes in each :—

	Number	As a percentage of Houses of all sizes
Dalmarnock	1,504	18·75
Shettleston and Tollcross ...	1,045	8·02
Cowlairs	1,012	11·65
Mile End	999	14·07
Provan	991	4·56

Unoccupied Houses.—At Whitsunday, 1972, there were 20,361 houses unoccupied, compared with 17,288 in 1971, an increase of 3,073. This is the result of action taken under the Housing Acts and the redevelopment of certain areas.

The increase was most noticeable in those of two- and three-apartments.

NUMBER OF EMPTY HOUSES

	1972	1971	1970	1969	1968	1967	1966	1965
One apartment	3,630	3,101	3,014	3,218	2,810	2,813	2,026	1,871
Two apartments	11,515	9,465	7,410	6,207	5,765	5,138	3,572	3,080
Three apartments	3,348	2,834	2,776	2,518	2,184	1,930	1,276	1,159
Four apartments	1,323	1,336	1,201	965	827	781	621	707
Five apartments and over ...	545	552	659	626	651	703	622	766
	20,361	17,288	15,060	13,534	12,237	11,365	8,117	7,583

This total of 11,515 two-apartment houses is equivalent to 57 per cent of all unoccupied houses in the City, compared with 55 per cent in 1971. Since 1957, the proportion of unoccupied two apartments has remained very steady, at 32 per cent. from 1957 to 1959 and 33 per cent from 1960-1962. In 1964, however, there was a sharp rise to 41 per cent and this ratio has increased steadily since.

Only a small proportion (2·7 per cent) of the unoccupied houses were houses of five apartments and over compared with 3·2 per cent in 1971. Dalmarnock had the greatest number of empty houses, 1,558 compared with 1,290 in 1971, but only one was of five apartments.

There were only two Wards in which over 20 per cent of the empty houses were five apartments namely Pollokshields (43 per cent) and Kelvinside (29 per cent).

SECTION II

MATERNITY AND CHILD HEALTH

In 1972, the infant mortality rate of 25 per thousand live births showed no change from the previous year. It is one of the lowest rates recorded for Glasgow. The number of live births in 1972 was 13,045, compared with 15,357 in 1971, so that the downward trend of recent years is maintained. Stillbirths numbered 199, compared with 229 in 1971. The number of infant deaths was 330 which was 59 fewer than in the previous year.

The number of primary attendances at the Child Health Clinics was lower, but this is probably a consequence of the reduction in births in the City. The clinics have remained busy and have continued to supervise the health and development of the pre-school child. In addition, they have provided essential support, advice and guidance to parents. The value of an appointment system in ensuring regularity of supervision has again been shown, but sufficient time during the session is always allocated to cater for the mother who makes an unscheduled visit.

The Child Development Centres at Balvicar Street and Glenfarg Street have had another busy year. They provide a valuable service which includes the early detection of defect, co-ordination of the work of all concerned in the management of the handicapped child and supportive counselling for parents. If children are referred sufficiently early to these centres the chances of minimising any disability are much improved.

The three centres for handicapped children have been fully occupied during 1972. The children who attend benefit considerably. They are helped to overcome their handicaps and to develop their abilities. The comprehensive examination which they have on entry is followed by frequent re-assessment so that their progress is closely supervised. The staffs at the centres give devoted care to the children and have recently undertaken a training course, mainly in their free time, which will help to extend their skills and techniques. The work of these centres makes a most worthwhile contribution to the welfare of the handicapped children in the City, but, unfortunately, there are still too few places to help all those who might benefit. The opening of a fourth centre

on the east side of the City early in 1973 should relieve this situation to some extent.

The Family Planning Service has again been extended and is now available at a further seven clinics. The demand for this service shows no sign of diminishing and further expansion will still be necessary. Requests for cervical cytology have been fewer in 1972, but it must be remembered that a cervical smear test is offered yearly to all women who attend the Family Planning Clinics and most women accept. Tests are also performed at post natal clinics. In 1972, the recall of women for the five-year repeat test was begun.

In the autumn of 1972, two young Dietitians joined the Child Health Staff. They have shown immense enthusiasm in organising a scheme of work designed to spread the knowledge of good nutrition among all sections of the community. They plan to work not only in the child health clinics, but also in schools and they wish to make contact with hospitals and general practitioners. It is hoped that their services will be fully utilised for they have a valuable contribution to make to the health of the City.

During 1972, members of the Child Health Staff attended the following post graduate courses :—

Mental Deficiency ...	3
Developmental Paediatrics	1
Family Planning	2

Maternal Deaths

In attendance at the antenatal clinics were 1,918 patients whose pregnancy (excluding abortions) terminated in 1972. There were no deaths among these in 1972.

The following table based on figures supplied by the Registrar General, compares the rates for the *whole City* with those of Scotland for the two previous years.

Maternal Deaths and Death Rates per 1,000 Births (Live and Still) in Glasgow and Scotland

	Deaths			Rate per 1,000		
	1970	1971	1972	1970	1971	1972
Abortion	—	1	1	—	0·06	0·08
Other complications of pregnancy childbirth and the puerperium ...	6	3	2	0·36	0·20	0·15
Total Glasgow ...	6	4	3	0·36	0·26	0·23
Scotland ...	17	15*	13*	0·19	0·17	0·17

* Includes 3 abortions.

Infant Mortality

Infant deaths were 59 less than in 1971, 330 compared with 389. This decrease, related to fewer births, resulted in an infant mortality rate of 25 per thousand, the same rate as in 1971. In recent years the mortality rate has been falling fairly steadily and the 1972 rate is among the lowest recorded in Glasgow.

This reduction is largely confined to the male infants, whose total of 182 was 44 less than in 1971. The mortality rate for male infants was 27·1 per thousand male births compared with 28·8 in the previous year.

The number of female deaths 148, (163 in 1971), related to fewer female births resulting in an increase mortality rate of 23·4 per thousand female births compared with 21·7 in the previous year.

Ward distribution of Infant Deaths and Ward death rates are shown in Appendix Table VIII.

Males	Actual Number of Deaths			Rates per 1,000 Births		
Causes of Death	1970	1971	1972	1970	1971	1972
Congenital Anomalies	49	38	32	5·9	4·8	4·8
Diseases of Early Infancy ...	86	114	82	10·5	14·6	12·2
Diseases of Respiratory System	49	38	36	5·9	4·8	5·4
Diseases of Digestive System ...	1	3	3	0·1	0·4	0·4
Diseases of Nervous System ...	6	5	1	0·7	0·6	0·2
Tuberculosis	—	—	—	—	—	—
Infectious Disease	15	11	13	1·8	1·4	1·9
Violence	8	13	10	1·0	1·7	1·5
All other Causes	8	4	5	1·0	0·5	0·7
All Causes	222	226	182	26·9	28·8	27·1

Females	Actual Number of Deaths			Rate per 1,000 Births		
Causes of Death	1970	1971	1972	1970	1971	1972
Congenital Anomalies	27	32	32	3·4	4·3	5·1
Diseases of Early Infancy ...	55	68	56	6·9	9·0	8·8
Diseases of Respiratory System ...	45	31	25	5·6	4·1	4·0
Diseases of Digestive System ...	2	2	1	0·2	0·3	0·2
Diseases of Nervous System ...	1	2	3	0·1	0·3	0·5
Tuberculosis	—	—	—	—	—	—
Infectious Disease	10	11	11	1·3	1·5	1·7
Violence	7	13	14	0·9	1·7	2·2
All other Causes	6	4	6	0·7	0·5	0·9
All Causes	153	163	148	19·1	21·7	23·4

Appendix Table IX shows the various causes in more detail.

Neonatal Mortality

There was a drop of 61 in the number of neonatal deaths in 1972 (193) and a corresponding drop in the mortality rate from 16·5 per thousand births to 15·0. This rate is well above the rate for Scotland which was 12·4 in 1972.

This decrease is more noticeable in the male infant among whom there were 114 deaths, 41 less than in 1971 and the death rate fell from 19·8 to 17·0 per thousand.

The 79 female deaths were 20 less than in the previous year, resulting in a reduced mortality rate of 12·5 per thousand female births compared with 13·2 in 1971.

The following table shows the rate per thousand births for each sex for the three main causes of death in this age group from 1970 to date :—

	Sex	1970	1971	1972
Congenital Anomalies	M.	4·37	3·32	3·73
	F.	2·38	2·66	3·16
Birth injuries, difficult labour and other anoxic and hypoxic conditions ...	M.	6·43	9·95	8·65
	F.	4·50	5·05	5·21
Other causes of Perinatal mortality ...	M.	3·88	4·21	2·98
	F.	2·38	3·99	3·00

Illegitimate Mortality

From 1st January, 1965, legitimacy ceased to be stated on the returns received from the local registrars and the information available to the Department is provided by the Registrar General.

In 1972, it appears that 56 of the 330 infant deaths were illegitimate. The number of illegitimate births in 1972 was 1,759, 124 less than the previous year and the illegitimate mortality rate was therefore 31·8. In 1971 the rate was 37·7.

Among the 11,275 legitimate births, there were 274 deaths representing a rate of 24·3 as against 23·6 in 1971.

Premature Births

In 1972, the number of premature live births was 1,004. This represents 7·6 per cent of the total live births for that year. Of these premature births 944 took place in hospital and 60 at home. The

number of deaths occurring within 24 hours of birth was 66, within 1-7 days 29, and within 7-28 days of birth 6, making a total of 101 deaths of premature infants within the first 28 days of life (10 per cent of total premature live births).

Of the 188 stillbirths which occurred in the City in 1972, 123 were premature (65 per cent).

There is no doubt that the improved survival rate of the premature child is due in large measure to the dedication and skill of the medical and nursing staffs in the neonatal units of the City's hospitals.

Stillbirths

The number of stillbirths registered in the City in 1972 was 199, thirty fewer than in 1971. The rate per 1,000 live and stillbirths was 15·0 compared with 14·7 in 1971.

The rate for Scotland, 13·2 in 1972, although up on last year (13·1) was still the second lowest ever recorded.

Stillbirths in Wards.—The Ward distribution of stillbirths and rates for 1971 and 1972 are shown in Appendix Table VIII.

The following table shows the trend in the stillbirth rate and toddler rates in the past eighteen years.

	Infant Mortality Rate per 1,000 live Births	Still-Births Rate per 1,000 total Births	†Neonatal Mortality Rate per 1,000 live Births	Perinatal Mortality Rate per 1,000 Total Births	Mortality 1-12 Months Rate per 1,000 live Births	Mortality 1-5 Years Rate per 1,000 population*
1955	36	26·8	22·7	45·6	13·6	1·3
1956	33	25·6	20·8	43·0	12·1	1·1
1957	34·5	26·1	23·0	44·0	11·5	1·2
1958	35·1	25·5	23·2	45·0	12·0	1·03
1959	35·4	26·4	23·9	45·5	11·5	1·38
1960	32·2	24·2	21·4	41·8	10·8	1·19
1961	30·8	23·3	20·6	41·0	10·2	1·04
1962	32·4	22·2	21·1	39·3	11·3	1·13
1963	31·9	21·3	19·2	37·6	12·7	1·14
1964	28·6	19·5	18·4	35·7	10·3	0·83
1965	28·1	20·3	17·8	35·7	10·3	0·95
1966	30·2	19·7	19·0	36·2	11·3	0·93
1967	24·5	18·3	15·6	31·7	8·9	0·81
1968	26·2	16·8	15·5	29·7	10·8	0·91
1969	27·0	16·1	16·3	29·5	10·7	0·84
1970	23·0	16·9	13·0	28·0	10·1	1·04
1971	25·0	14·7	16·5	29·0	8·8	0·80
1972	25·0	15·0	15·0	28·0	10·5	1·13

†Neonatal mortality refers here to deaths under 1 month.
*Of 1,000 of Population aged between one and five years.

The Glasgow birth rate, infant mortality and stillbirth rate, etc., are compared in the following table with those of Scotland, England and Wales and certain Scottish cities in 1972.

	(1) Birthrate per 1,000 of Population	(2) Stillbirth Rate per 1,000 Live and Stillbirths	(3) Neonatal Mortality per 1,000 Live Births	(4) Perinatal Mortality* per 1,000 Live and Stillbirths	(5) Infant Mortality per 1,000 Live Births
Scotland	15·1	13·2	12·4	23·7	18·8
Glasgow	15·1	15·0	15·0	28·0	25·0
Edinburgh	12·9	10·0	10·0	19·0	15·0
Aberdeen	13·3	11·0	10·0	20·0	13·0
Dundee	13·7	16·0	8·0	21·0	15·0
England and Wales	14·7	12·0	11·5	21·7	17·3
Birmingham ...	15·5	13·4	13·9	25·1	21·3
Manchester	14·6	13·4	15·3	27·1	22·3
Liverpool	14·5	15·4	10·9	24·9	14·8
Leeds	14·2	15·5	11·3	24·5	19·4

* Perinatal mortality rate—the number of stillbirths and deaths under one week per 1,000 live and stillbirths.

Mortality among Toddlers

There were 60 deaths among children aged one to five years in 1972, four more than the 1971 total. Of these, 33 were male and 27 female compared with 1971 when there were 36 male and 20 female deaths.

Accidents continue to be a chief cause of death in this age group accounting for 12 deaths in 1972, eight less than in 1971. This total is equivalent to 20 per cent of all deaths in this age group compared with 35·7 per cent in 1971.

A variety of accidents were responsible for the deaths of 7 boys and 5 girls, as follows :—

	Male	Female
Motor Vehicle Accidents	2	—
Accidental Falls	—	3
Burns and Scalds (including asphyxia due to fire)	1	—
Nature of Accident not specified ...	4	1
Homicide and Operations of War ...	—	1
	7	5

There were 19 deaths from respiratory disease in 1972 compared with 10 in 1971. Thirteen of the deaths were males and six females and the individual causes were—pneumonia (7 males, 4 females), other respiratory disease (6 males, 2 females).

Infectious disease was the cause of four deaths in 1972, half the previous year's total. Of these deaths, three were female, one was due to "Enteritis and other diarrhoeal diseases", one to Measles and the third was attributed to the group "Other infective and parasitic diseases". The one male death was due to Meningococcal Infection.

Malignant neoplasms were responsible for four deaths in 1972 (four in 1971) and of this total, one was attributed to Leukaemia. The following table shows the deaths allotted to this form of cancer since 1965 :—

1965	3	1966	5
1967	3	1968	4
1969	2	1970	—
1971	2	1972	1

Burns and Scalds

Burning and scalding accidents involving children under the age of five years were notified to the Health Department during 1972 by various hospitals.

There were 352 accidents of this type notified.

The families concerned could not be contacted in 40 cases and in three cases there was duplication of the notification. Four cases were notified in error.

Information about the remaining 305 was obtained and is analysed below.

	Male	Female	Total
Number of burns ...	64	50	114
Number of scalds ...	115	76	191
	179	126	305

Age in Years	Burns Male	Burns Female	Burns Total	Scalds Male	Scalds Female	Scalds Total
–1 ...	6	9	15	14	11	25
–2 ...	19	19	38	54	31	85
–3 ...	25	13	38	22	19	41
–4 ...	10	4	14	14	7	21
5 ...	4	5	9	11	8	19
	64	50	114	115	76	191

Hospital admission was required in 20 cases and nine children had permanent scarring or residual disabilities.

Analysis of the burning accidents showed the undernoted main causes.

Unguarded electric or gas fire	38
Unguarded coal fire	12
Paraffin heater	1
Inadequate fire-guard	5
Electric iron	13
Contact with hot metal, stove, poker, etc. ...	12
Faulty electrical equipment	4
Child bit flex	1
Hot fat	5
Bonfire	5
Lighted paper	4
Clothing set alight	2
Cigarettes	1
Corrosive fluids	3
Explosion	3
Electric blanket	1
House on fire	1

The most frequent cause of scalding was the overturning of a dish containing hot fluid left within easy reach of a young child or by the child colliding with an adult carrying a container with hot fluid Another common cause was the dangling flex of an electric kettle. Several scalding accidents occurred during use of washing machines.

Burning accidents were fewer in number and the commonest cause was the unguarded or inadequately guarded fire. The dress guard of electric and gas fires is insufficient protection. In three cases empty aerosol cans exploded when accidentally thrown into the fire along with wastepaper, resulting in the scattering of burning materials.

Poor housing and overcrowding were thought to have contributed to the accidents in 29 instances and poor maternal care in 10 instances. In 19 cases there was a combination of factors such as marital disharmony, financial strain and absence of one parent. In the majority of accidents, however, there did not seem to be any obvious contributory factor.

As in previous years most case instances illustrated the unpredictability of children's behaviour and the consequent need for untiring vigilance and attention to safety in the house.

CHILD HEALTH SCHEME

The following table gives the attendances at each consultation centre during 1972 :—

Attendances at Infant Consultations, 1972

	No. of Consultations held	1972—Total No. of Attendances	
		Prim.	Sub.
Central—			
Anderston	—	—	—
Partick	150	633	4,060
Blawarthill	205	447	4,479
Netherton	90	176	1,216
Drumchapel	253	517	5,241
North—			
Provan	237	451	3,027
Springburn	149	436	3,124
Denmark Street	139	254	1,571
Milton	97	141	1,472
Cowcaddens	201	549	4,522
Maryhill	206	555	4,023
East—			
Redan Street	355	586	5,892
Shettleston	239	520	3,244
Carntyne	216	480	4,833
Rogerfield	148	306	2,864
Garthamloek	53	138	900
Easterhouse	144	343	2,321
South-East—			
Gorbals	191	410	3,467
Pollokshaws	154	331	3,620
Balvicar Street	253	585	8,495
Oatlands	—	—	—
Mount Florida	201	434	4,666
Arnprior Quadrant	139	380	3,400
Barlia Drive	143	386	5,429
South-West—			
Pollok	187	465	3,985
Weir Street	52	96	1,120
Govan	138	255	1,802
Elderpark	150	380	3,234
Penilee	52	85	1,369
Berryknowes	102	207	2,853
	4,644	10,546	96,229
			106,775

Antenatal Consultations.—Sessions at antenatal clinics numbered 1,730 compared with 1,867 for the preceding year. The total attendances were 12,534 compared with 16,117 in 1971. Primary attendances were

1,699 or 395 less than the previous year (1971), and subsequent attendances numbered 10,835, a decrease of 3,188. Consultations and attendances at each of the centres are shown in the following table:—

ATTENDANCES AT ANTENATAL CLINICS, 1972

	No. of Clinic Sessions	Number of Attendances			Hospital Cases
		Primary	Subsequent	Total	
Richard Street ...	—	—	—	—	—
Partick	97	77	390	467	—
Blawarthill	52	20	188	208	—
Netherton	52	11	52	63	—
Drumchapel ...	98	105	560	665	4
Provan	51	16	85	101	—
Springburn	51	75	137	212	—
Denmark Street ...	52	24	173	197	1
Milton	—	—	—	—	—
Cowcaddens	102	29	181	210	4
Maryhill	89	59	413	472	—
Orr Street	119	137	894	1,031	—
Shettleston	52	65	496	561	2
Carntyne	25	5	32	37	—
Easterhouse	50	51	324	375	—
Rogerfield	52	42	257	299	2
Gorbals	102	183	869	1,052	1
Pollokshaws ...	51	33	259	292	—
Balvicar Street ...	102	128	942	1,070	2
Oatlands	—	—	—	—	—
Mount Florida ...	51	78	533	611	17
Arnprior Quadrant ...	52	51	330	381	—
Barlia Drive ...	51	80	698	778	—
Pollok	98	133	770	903	2
Govan	52	87	596	683	—
Elderpark	137	147	1,144	1,291	—
Penilee	46	18	75	93	—
Berryknowes ...	46	45	437	482	—
	1,730	1,699	10,835	12,534	35

ATTENDANCES AT ANTENATAL, POSTNATAL AND CONSULTATIVE CLINICS, 1972

	No. of Consultations		Primary		Subsequent		Total	
	Post-natal	Consult-ative	Post-natal	Consult-ative	Post-natal	Consult-ative	Post-natal	Consult-ative
Richard Street ...	—	—	—	—	—	—	—	—
Partick	52	47	17	78	—	109	17	187
Blawarthill ...	52	—	12	—	4	—	16	—
Netherton	52	—	4	—	—	—	4	—
Drumchapel ...	53	43	82	76	17	48	99	124
Provan	51	3	9	6	—	—	9	6
Springburn ...	51	15	3	12	4	13	7	25
Denmark Street ...	52	—	10	—	5	—	15	—
Milton	—	—	—	—	—	—	—	—
Cowcaddens ...	55	48	9	65	84	198	93	263
Maryhill	54	31	7	45	1	46	8	91
Orr Street ...	54	44	20	87	27	102	47	189

	No. of Consultations		Primary		Subsequent		Total	
	Post-natal	Consultative	Post-natal	Consultative	Post-natal	Consultative	Post-natal	Consultative
Shettleston ...	52	52	51	301	14	389	65	690
Carntyne	25	—	—	—	4	—	4	—
Easterhouse ...	50	—	23	—	3	—	26	—
Rogerfield	52	—	9	—	5	—	14	—
Gorbals	55	52	70	196	4	206	74	402
Pollokshaws ...	51	—	4	—	—	—	4	—
Balvicar	55	43	59	148	8	72	67	220
Oatlands	—	—	—	—	—	—	—	—
Mount Florida ...	51	48	44	184	1	396	45	580
Arnprior Quadrant	52	—	26	—	—	—	26	—
Barlia Drive ...	51	—	22	—	4	—	26	—
Pollok	53	50	30	135	3	158	33	293
Govan	52	—	20	—	1	—	21	—
Elderpark	55	53	65	289	4	398	69	687
Penilee	46	—	5	—	1	—	6	—
Berryknowes ...	46	—	25	—	—	—	25	—
	1,272	529	626	1,622	194	2,135	820	3,757

MOTHERCRAFT CLASSES

Training in mothercraft and preparation for labour form a very important part of antenatal care. Tuition is given either during antenatal sessions or at a class held specially for this at the various clinics. One health visitor teaches mothercraft full-time and holds classes at certain of the clinics, the teaching in the others being undertaken by the health visitor of these clinics. The course covers simple instruction in physiology of pregnancy and labour, preparation for confinement, preparation of layette, infant feeding, bathing and general care, and instruction in psychoprophylaxis.

The classes are open to any expectant mother and are not limited to those in attendance at the antenatal clinics. General practitioners are encouraged to send along any expectant mothers under their care who may wish to benefit from the teaching provided at the clinic.

"Health of Mother and Child."—A new edition of this book became available in the autumn of 1966. In 1972, 701 copies of this book were sold compared with 699 copies in 1971.

Of the 701 copies sold in 1972, 145 of these were sold at clinics, day nurseries, etc., 550 at the Royal Maternity Clinic, 2 to hospitals and 4 to the general public.

In 1971, 193 copies were sold at clinics, day nurseries, etc., 500 at the Royal Maternity Clinic, nil to hospitals and 6 to the general public.

ULTRA-VIOLET RAY CLINIC

It is desirable to continue the arrangements for light treatment of certain children.

RECORD OF ATTENDANCES AND CONSULTATIONS DURING 1972

	Number of Clinics held	Children – 1 year Number of Attendances		Children + 1 year Number of Attendances		Mothers Number of Attendances		Total Number of Attendances	
		Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.
Provan ...	88	—	—	9	108	—	—	9	108

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

In contrast with the annually increasing amount of work done for school children, the volume of dental treatment for this group of patients continues to decline, the dental figures reflecting the general fall in attendances at our Maternity and Child Welfare medical clinics. As a local authority dental service is only permitted to treat mothers when they are pregnant or nursing and the continuity of dental treatment during adult life is of great importance, it would appear that the best policy for these patients would be to encourage them to seek regular dental treatment from a general dental practitioner.

Topical preventive treatment is now very much to the fore; the figure for those receiving this treatment has this year, therefore, also been included in the statistics.

Summary of clinical attendances and treatment (previous year's total in brackets):—

Total attendances 2,068 (2,197); first attendances 878 (913); fillings 848 (974); extractions 1,020 (1,064); general anaesthetics 215 (189); other operations 1,165 (1,626); dentures 110 (133); preventive treatment 282.

PRESENT POSITION IN GLASGOW COMPARED WITH PREVIOUS ANNUAL REPORTS

PRE-SCHOOL CHILDREN	1972	1971	1970	1969
Number of pre-school children aged 3 and 4	31,000	35,000	35,000	34,000
Estimated number requiring treatment 70 per cent*... ...	21,700	24,500	24,500	23,800
Number treated by S.H.S.	697	715	538	564
Number treated by G.P's.	8,234	8,685	9,117	9,845
Total treated	8,931	9,400	9,655	10,409
Number completely untreated ...	12,769	15,100	14,845	13,391

* Based on routine dental inspection figures.

FAMILY PLANNING

During 1972, the demand for family planning advice continued to grow. The service was, therefore, expanded to reduce the lengthy waiting lists and facilities were provided at a further seven clinics, Arnprior, Bridgeton, Elderpark, Netherton, Maryhill, Milton and Springburn. In addition, the number of sessions at some existing clinics was increased. By the end of 1972, there were family planning facilities available at 18 local health authority clinics throughout the City. The Family Planning Association continued to provide services in three local authority clinics (Barlia, Mount Florida and Pollok), in addition to those in their own clinic at Lansdowne Crescent.

The overall provision of family planning facilities in the City is now very comprehensive, but further extension is planned for 1973. The expansion of the service made it necessary to send two Child Health Medical Officers, three Health Visitors and six Midwives to the training courses provided by the Family Planning Association. In addition, twenty Health Visitors and ten District Nurses attended Family Planning Appreciation Courses which are modified programmes of instruction designed to enable nursing staff to give informed advice about family planning matters.

In 1972, 3,517 new patients attended the family planning clinics, an increase of 1,497 from the previous year. Most referrals were from Health Visitors, with self-referral coming next in frequency. These facts strengthen the impression that the siting of this Service in the familiar surroundings of the Child Health Clinic encourages women to use it. Credit for much of the success is due also to the hard work and enthusiasm of both medical and nursing staff.

It is gratifying to see this excellent response to the family planning provision for this is a Service which can contribute to the solution of many medical and social problems in the City.

In May 1972, the Family Planning Association Agency Scheme 4, was adopted. Under this scheme advice and supplies are free on both social and medical grounds. Formerly under Agency Scheme 5, patients who attended clinics staffed by the Family Planning Association had to pay for supplies given for social reasons, whereas at local authority clinics no such charge was made. The new arrangement removes this anomaly.

The Domiciliary Service, begun in 1970 as a pilot scheme in the north of the City, was extended to the south side in November, 1972.

In that year, 146 new patients including 5 from the south side were referred. This is a most valuable service for it brings very necessary advice to a section of the community which would not otherwise be reached. By helping the individual family in this way the community at large should reap the ultimate benefit.

FAMILY PLANNING REPORT 1972

Number of new patients:—

Medical Indication	857
Non-medical Indication	2,660
	3,517

Age of Patients:—

Under 20 years	383
From 20-24 years	1,228
From 25-29 years	1,075
From 30-34 years	534
From 35-39 years	230
40 years and over	67
	3,517

Parity:—

0 —	108
1 —	999
2 —	1,183
3 —	706
4 —	293
5 —	118
6 —	60
7 —	20
8 —	16
8 + —	14
	3,517

Source of referral:—

Referred by hospital	153
Referred by clinic medical officer	133
Referred by health visitor	1,626
Referred by general practitioner	269
Referred by self	765
Referred by others	571
	3,517

Method Advised:—

Oral	2,705
I.U.D.	448
Cap	81
Sterlisation	51
Other	232
	3,517

CERVICAL CYTOLOGY

During 1972 cervical cytology sessions were held in 13 of the maternity and child health clinics at weekly or fortnightly intervals. The demand for appointments at well-women clinics has been disappointing in spite of publicity. Cervical smear tests were also done at antenatal, postnatal and family planning clinics. In addition special arrangements for smear tests were made at two clinics for groups of women employed by the Post Office and by the H.M. Customs. At the end of this year also the recall was begun of all women due to have the 5 year repeat examination. The number of women screened in 1972 was as follows:—

At well-women clinics	1,810
At antenatal clinics	289
At postnatal clinics	452
At family planning clinics	1,974

The age range of women attending well-women clinics was as follows:—

Under 20 years	177
From 20-29 years	2,215
From 30-39 years	1,269
From 40-49 years	572
From 50-59 years	260
60 + years	32

The number of cases requiring further pathological investigation was 27 and the final result was as undernoted.

Benign changes	8
Dysplasia	4
Carcinoma-in-situ	12
Invasive squamous carcinoma ...	2
Adenocarcinoma	1

Examination at well-women clinics often reveals the presence of gynaecological and other conditions requiring attention. When this happens the patient is referred to her general practitioner.

RESIDENTIAL HOMES

CARNBOOTH HOUSE

There were 217 children admitted to this home during 1972—Six of these were admitted directly from hospital for convalescence—Two children were admitted for segregation before and after B.C.G. vaccination. The rest were recommended by Medical Officers at Child Health or Child Assessment Centres.

A considerable proportion of these children were from very deprived

home backgrounds, some being underweight and poorly nourished. Clothing and cleanliness were also of a poor standard in some cases. Many came from families with multiple social problems and associated stress. These benefited particularly from the regular routine in the home, with fresh air, good food, adequate sleep and the stimulation of suitable play activities. Most gained weight and improved in their general health.

Those children who had appointments for outpatient clinics were taken to them, and others were referred for investigation at various centres, e.g., the Audiology Clinic at Balvicar Street.

Some who were suspected of psychomotor retardation or speech difficulties etc., were followed up after dismissal at the Child Assessment Centres.

The average period spent in the home was 5-6 weeks.

MILLBRAE HOME

The total number of children admitted in 1972 was 108—forty-eight of these came directly from various hospitals—five neonates were admitted for segregation following B.C.G. vaccination. Four children were tuberculosis contacts, and remained in the Home for 6 weeks before and 6 weeks after vaccination. The rest of the children came on the recommendation of Medical Officers at child health clinics. The age group concerned is from birth to approximately 1½ years old. The period spent in the Home varied considerably, from a few weeks to several months, depending on health or social circumstances.

Many of the infants were from adverse home backgrounds. Some were severely underweight on admission and showed signs of poor maternal care and lack of stimulation. Most gained weight steadily and made good progress physically and mentally. Their response to good care, correct feeding and individual attention was noticeable.

Social Work Department Homes

Two senior medical officers of the Health Department provide medical supervision for Winton Lodge, Glenrosa and Eglinton Homes. Medical care includes supervision of the homes with regard to general hygiene and control of infection as well as general practitioner services for each child.

Many of the babies admitted to Eglinton Home have an adverse

perinatal or neonatal history and require a period of observation. A number are eventually found to have physical or mental handicap, so that Eglinton has a high proportion of handicapped children.

Visits are paid by arrangement to Blairvadach Home, by a senior medical officer to carry out developmental assessment on children whose developmental progress has been unsatisfactory.

THE "AT RISK" REGISTER

The "At Risk" Register continues to be maintained. A small number of "high risk" categories are incorporated in the survey forms on "Obstetric and Social factors concerned in Child-bearing", which is completed by the Health Visitors for every child born in the City. This forms the basis of the "At Risk" register, which is kept centrally by the computer. A print out of data on each child on the register is sent to the medical officers in the child health clinics. Children are kept on the register until 5 years old unless they die, move outwith the City or are transferred to the handicap register.

Two thousand, four hundred and fifty-five children were notified in 1972, as set out below :—

Category	Notification (Multiple Cause)
History of maternal rubella (or contact) in first trimester	178
Low birth weight (less than 4½ lbs.)	390
Perinatal Hypoxia	894
Cerebral birth injury	53
Haemolytic disease requiring transfusion	61
Other conditions requiring special care	1,557
Family history of genetic deafness	69
Siblings of cases of genetic disorders	60

DEFECTS

The number of children born in 1969, 1970, 1971 and 1972 who were transferred to the Handicap register are set out in the table below :—

Category	Notifications (Year of Birth)				Handicapped			
	1969	1970	1971	1972	1969	1970	1971	1972
Rubella	261	232	137	178	3	4	3	1
Low Birth Weight ...	594	502	373	390	18	14	7	2
Hypoxia	1,149	1,113	848	894	35	33	19	15
Cerebral birth injury ...	45	37	30	53	5	2	4	1
Haemolytic disease requiring transfusion ...	81	65	73	61	1	0	2	1
Other	1,171	1,322	1,281	1,557	41	68	41	37
Family History of genetic deafness ...	220	200	56	69	6	2	1	0
Siblings of cases of genetic disorder ...	328	262	42	60	11	2	0	0

THE HANDICAPPED REGISTER

This is a central register used to record information about handicapped children in Glasgow, and to establish the services these children require now, and in the future. It is also a means of ensuring that children with handicaps are kept under regular surveillance. The Health Visitor is often the first member of staff to learn of a child's possible handicap, but it is the medical officer at the local Child Health Clinic who has the ultimate responsibility for notification of new cases to the register. Some children are of necessity placed directly on the register by Health Visiting Staff when it is not possible to bring them for examination at the Child Health Clinic.

The forms used for primary notification are those issued by the Scottish Home and Health Department. Two copies of every new notification are held at the local clinic ; one copy is held centrally in Glasgow. Data from this copy are transmitted to the Glasgow Local Authority Computer for inclusion in the Child Health Record Linkage Scheme. The fourth copy is sent to Edinburgh to update the Scottish Central Handicap register. After initial registration on the computers the information is kept up to date by regular progress reports. The tables shown in this Report are compiled from data supplied by the Scottish Central Register.

New Notifications : 293 children were notified in 1972 ; 283 born in the City and ten transfers in from other areas. The age at primary notification by main disability code is shown in Table 1. 23 children had sensory defects (7·8 per cent) ; 123 neuro psychiatric defects (42·0 per cent) ; 35 orthopaedic defects (12·0 per cent); and 112 non-orthopaedic defects (38·2 per cent). Forty-six children had a double defect ; nine a triple, and one child quadruple defects making a total of 56 with multiple defects (19·1 per cent).

The Register as at 31.12.72. 1,859 children were held on the central register, 897 of preschool age ; 962 of school age. Of all registered 372 were multiply handicapped (20 per cent) ; 326 doubly, 40 triply ; 6 with quadruple handicaps. The register only allows for the registration of up to four handicaps. Table II shows the number of children held on the register as at 31st December, 1972 by main disability and age group. When a child reaches school age his records are transferred to the School Health Service so that surveillance can continue. Children excluded from School under Section 66B of the Education Act are notified by the School Health Authorities to the Social Work Depart-

ment. These children are included in the figures shown in Table II. As far as can be estimated 71 out of 962 children on the register are ineducable (7·4 per cent).

Removals from the Register. 207 children were removed from the register in 1972. 56 were no longer handicapped ; 25 had died ; 80 removed to another local authority area ; the remaining 46 had moved within the City but were unable to be traced.

Social Class Distribution. This is shown in Table III. The figures are heavily weighted towards classes IV and V ; forty per cent of the distribution being in these two classes.

New Registrations stemming from the Risk Register. It has been a custom in this Report to state the number of new registrations stemming from the maintenance of an At Risk Register within the City. Only 66 out of 293 new notifications in 1972 came from this source (22·5 per cent). Among the 87 children born in 1972 and placed on the register, only 13 were transfers from the At Risk Register (14·9 per cent). By contrast 84 out of a possible 87 children were notified to the Congenital Malformations Registry maintained by the Social Paediatric and Obstetric Research Unit (96·7 per cent). The Malformations Registry includes children with congenital defects born on or after 1.1.72. The three 1972 births held on the Handicap Register and not on the Malformations Registry were children with metabolic defects. It would seem from this evidence that maintaining a Congenital Malformations Registry provides a valuable source for spotting children who might require to be placed on the Handicap Register.

TABLE I HANDICAPPED CHILDREN'S REGISTER
NEW REGISTRATIONS AS AT 31st DECEMBER, 1972
MAIN DISABILITY BY AGE (YEARS)

DISABILITY GROUP	Under 1	1—	2—	3—	4—	5-16	Total all ages
SENSORY (1-5)							
Deaf	0	0	1	2	0	0	3
Partially Deaf	1	2	0	3	0	0	6
Blind	2	2	0	1	0	0	5
Partially Sighted ...	2	1	2	1	2	0	8
Other Sensory	0	0	0	0	1	0	1
NEURO PSYCHIATRIC (11-22)							
Mental Defect—Educable	0	2	0	5	4	1	12
Mental Defect—Trainable	0	1	0	1	0	0	2
Mental Defect—Not Trainable	0	0	0	0	1	0	1
Mental Defect—Undetermined	6	13	7	8	7	2	43
Psychosis	0	0	0	0	0	0	0
Maladjustment	0	0	0	0	0	0	0
Brain Damage—Cerebral Palsy	2	8	4	4	1	0	19
Other Brain Damage ...	2	1	4	1	0	0	8
Epilepsy	0	0	3	0	0	0	3
Spina Bifida/Hydrocephalus	18	8	1	2	1	0	30
Speech Defect	0	0	0	1	0	2	3
Other Neuro/Psy. Defect	0	0	2	0	0	0	2
ORTHOPAEDIC (31-37)							
Absence of Upper Limb(s)	0	0	0	0	0	0	0
Absence of Lower Limb(s)	0	0	0	0	0	0	0
Deformity of Upper Lim(s)	2	0	0	1	0	0	3
Deformity of Lower Limb(s)	12	4	0	0	0	1	17
Spinal Defects (not S. Bifida)	2	0	0	0	0	0	2
Paralysis	0	2	1	0	0	0	3
Orthopaedic	2	3	3	1	0	1	10
NON-ORTHOPAEDIC (4199)							
Heart Disease	14	18	13	4	6	2	57
Diabetes	0	0	0	0	0	0	0
Other Metabolism ...	3	7	5	2	2	0	19
Cleft Palate	11	1	0	0	0	0	12
Asthma	0	0	0	0	0	0	0
Skin Conditions	0	0	0	0	0	0	0
Allergic Disorders ...	0	0	0	0	0	0	0
Other	8	7	2	3	1	1	22
(Not Known)	0	1	0	1	0	0	2
TOTAL	87	81	48	41	26	10	293
PER CENT	29·7	27·6	16·4	14·0	8·9	3·4	100·0

TABLE II HANDICAPPED CHILDREN'S REGISTER

NUMBER ON REGISTER AS AT 31st DECEMBER 1972

DISABILITY GROUP	MAIN DISABILITY BY AGE GROUP AGE GROUPS (YEARS) Under 1	1 to under 2	2 to under 3	3 to under 4	4 to under 5	5-16	Total all ages
SENSORY (1-5)							
Deaf	0	0	1	2	1	11	15
Partially Deaf	1	2	1	6	5	31	46
Blind	1	2	3	2	2	3	13
Partially Sighted ...	2	3	5	5	5	28	48
Other Sensory	0	0	0	1	1	6	8
NEURO PSYCHIATRIC (11-22)							
Mental Defect—Educable	0	2	0	7	10	41	60
Mental Defect—Trainable	0	3	3	5	4	69	84
Mental Defect—Not Trainable	0	0	0	2	2	11	15
Mental Defect—Undetermined	6	18	27	32	39	137	259
Psychosis	0	0	0	0	0	1	1
Maladjustment	0	0	0	0	0	0	0
Brain Damage—Cerebral Palsy	2	14	13	23	14	88	154
Other Brain Damage ...	2	1	6	7	5	20	41
Epilepsy	0	0	5	4	2	41	52
Spina Bifida/Hydrocephalus	18	33	16	21	21	68	177
Speech Defect	0	0	0	1	1	18	20
Other Neuro/Psy. Defect ...	0	0	3	1	0	14	18
ORTHOPAEDIC (21-37)							
Absence of Upper Limb(s)	0	0	0	1	0	2	3
Absence of Lower Limb(s)	0	0	0	0	0	2	2
Deformity of Upper Limb(s)	2	0	1	5	4	15	27
Deformity of Lower Limb(s)	12	11	16	10	13	41	103
Spinal Defect (not S. Bifida)	2	0	1	0	0	3	6
Paralysis	0	3	3	0	1	14	21
Orthopaedic	2	10	6	10	5	25	58
NON-ORTHOPAEDIC (41-99)							
Heart Disease	12	31	35	36	41	120	275
Diabetes	0	0	0	0	1	2	3
Other Metabolism ...	3	11	15	15	26	60	130
Cleft Palate	11	7	14	14	8	34	88
Asthma	0	0	0	0	0	1	1
Skin Conditions	0	0	0	0	0	0	0
Allergic Disorders ...	0	0	0	0	0	0	0
Other	8	16	17	15	16	56	128
(Not Known)	0	1	0	1	1	0	3
TOTAL	84	168	191	226	228	962	1,859
PER CENT	4·5	9·0	10·3	12·2	12·3	51·7	100·0

TABLE III HANDICAPPED CHILDREN'S REGISTER
NUMBER ON REGISTER AS AT 31st DECEMBER 1972
MAIN DISABILITY BY SOCIAL CLASS

DISABILITY GROUP	SOCIAL CLASS I	II	III	IV	V	U/K	All Classes
SENSORY (1-5)							
Deaf	0	0	3	8	2	2	15
Partially Deaf	2	5	13	22	3	1	46
Blind	0	1	8	1	0	3	13
Partially Sighted ...	2	6	22	12	4	2	48
Other Sensory	0	0	3	3	2	0	8
NEURO PSYCHIATRIC (11-22)							
Mental Defect—Educable	0	3	27	19	7	4	60
Mental Defect—Trainable	0	5	38	27	9	5	84
Mental Defect—Not Trainable	1	1	6	5	0	2	15
Mental Defect—Undetermined	4	20	105	80	30	20	259
Psychosis	0	0	1	0	0	0	1
Maladjustment	0	0	0	0	0	0	0
Brain Damage—Cerebral Palsy	3	9	71	47	13	11	154
Other Brain Damage ...	1	3	16	15	2	4	41
Epilepsy	0	3	27	12	6	4	52
Spina Bifida/Hydrocephalus	7	13	73	47	25	12	177
Speech Defect	1	1	12	5	1	0	20
Other Neuro/Psy. Defect	1	3	6	4	4	0	18
ORTHOPAEDIC (31-37)							
Absence of Upper Limb(s)	0	0	1	2	0	0	3
Absence of Lower Limb(s)	0	0	1	0	0	1	2
Deformity of Upper Limb(s)	1	4	13	6	3	0	27
Deformity of Lower Limb(s)	4	8	46	28	12	5	103
Spinal Defects (not S. Bifida)	0	1	3	1	1	0	6
Paralysis	0	4	8	7	1	1	21
Orthopaedic	0	7	26	14	7	4	58
NON-ORTHOPAEDIC (41-99)							
Heart Disease	7	11	116	88	27	26	275
Diabetes	0	1	1	1	0	0	3
Other Metabolism ...	1	9	58	39	12	11	130
Cleft Palate	3	6	42	25	10	2	88
Asthma	0	0	1	0	0	0	1
Skin Conditions	0	0	0	0	0	0	0
Allergic Disorders ...	0	0	0	0	0	0	0
Other	3	6	59	43	16	1	128
(Not Known)	0	1	1	0	1	0	
TOTAL	41	131	807	561	198	121	1,859
PER CENT	2·2	7·0	43·4	30·2	10·7	6·5	100·0

GLENFARG STREET ASSESSMENT CENTRE

ANNUAL REPORT 1972

1972 marked the end of a decade at Glenfarg Street Centre, which started to function in converted premises in September, 1962. The total number of children who have attended the Centre since its inception is 1,124.

Discussions took place at the Royal Hospital for Sick Children towards the end of 1972. Accommodation was offered at the new Assessment Unit at the hospital and it was agreed that one of the Medical Officers from Glenfarg Street Centre would work from there. Part of the current case load from Glenfarg Street would be transferred early in 1973 and new cases from certain areas in the City would be referred to the Assessment Unit at R.H.S.C. The unit would thus be functioning in part, as a second tier district Assessment Centre.

In 1972, 141 new cases were referred to Glenfarg Street Centre. This is the first year that there has been a reduction in the number of children referred. Most of the referrals continue to come from Child Health Medical Officers. There were staff shortages last year and a number of Child Health sessions were not covered by doctors. The decreased number of referrals may be a reflection of this.

Sources of referral—

Child Health Medical Officers	100
Family Doctors	9
Audiologist	2
Social Work Department	3
School Medical Officers	7
Transfer in from Balvicar Street	1
Hospital Paediatricians	14
Social Paediatric Unit	5

Ages of children on referral were :—

−$\frac{6}{12}$ yr.	−1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total
1	7	35	39	38	21	141

Number of sessions=314

	Male	Female	Total
Total attendances	555	391	946

Primary diagnosis of new cases in 1972—

Normal	9
Development Delay	21
Speech and Language disorders	23
Primary Retardation	23
Retarded and partially deaf	1
Microcephalic	1
Mongol	7
Severe Cerebral damage	6
Minimal Cerebral Dysfunction	1
Cerebral Palsy	9
Spina Bifida	5

Primary diagnosis of new cases in 1972—*contd.*

Encephalocoele	3
Hydrocephalus	2
Convulsive disorder	8
Hypothyroidism	1
Behaviour disorder	8
Partial Hearing Loss	9
Visual defect	3
Congenital heart disease	1

Comment on diagnosis : A number of children subsequently classed as normal are referred. These include shufflers referred because of locomotor delay which it was suspected might be due to cerebral palsy or mental retardation. Some children were thought to have had a temporary developmental delay and likely to be of low average ability rather than retarded.

As it is important to detect handicap as soon as possible, it is to be expected that a proportion of the children referred will subsequently be classed as normal after assessment and a period of observation.

Paediatric Consultant : A consultant of paediatric neurology attends on a regular basis once a month.

Educational Psychologist : The psychologist usually attends on one session a month. More frequent sessions are sometimes required, depending on the number of children who require to be seen for educational placing. The parents appreciate the pre-school test being carried out in a setting familiar to the child.

Other developmental testing is carried out by the Medical Officers.

Tests carried out by Psychologist	60
Tests carried out by Medical Officers	167
	227

Speech Therapist : The speech therapist attends on two sessions weekly. Many mentally handicapped children have poor speech or language development and require special help. These children attend the speech therapist as well as children with a primary disorder of speech or language development.

The speech therapist saw 20 boys and 20 girls for diagnostic interview and advice. Diagnostic interview included the Reynell Development Language Scale in 14 cases (7 boys and 7 girls).

During the year 18 boys and 10 girls attended weekly or fortnightly for speech therapy.

Liaison with Education Health Service : As children approach school age a joint consultation is held at the Centre with a Senior

School Medical Officer. A form is prepared summarising the salient features of the case. The probable school placement is discussed and the parent has an opportunity to discuss this with the School Medical Officer.

The following new placements for pre-school children were made in 1971

Day Nursery	3
Special Nursery	14
Nursery Schools	12
Kelbourne (Spastic)	2
St. Vincent School for the Blind	1

A few children who live within reasonable distance of Wellington Church attend the playgroup for handicapped children which is held there. Some attend a similar playgroup in a Ruchill Church. Other children attend playgroups which are not specifically for handicapped children in their own areas.

There continues to be a shortage of all types of nursery provision. The waiting list for Broomhill Nursery is now unrealistically long. This situation should be eased a little with the opening of the new nursery in the East End in 1973. It was originally envisaged that children selected for the special nurseries should be capable of benefiting from training but it becomes increasingly obvious that provision is required for severely handicapped children to provide some relief for the mothers. This type of provision could prevent or postpone the admission of such children to institutions.

Parents' Meetings : Several meetings were again held in the evening. Parents appreciate the opportunity to meet one another and they participate well in discussion

Teaching : The following attended the Centre in 1972.

1. Students from the Postgraduate Course in Mental Deficiency (Glasgow University)

2. Nursing Students (Edinburgh University).

One of the Medical Officers from the Centre again participated in two courses on Mentally Handicapped Children organised by the Extra-Mural Department of Glasgow University.

THE BALVICAR CENTRE (CHILD DEVELOPMENT) ANNUAL REPORT, 1972

In 1972 there was a slight increase in the number of children referred to the Centre. Total = 165 (Boys, 106 ; Girls, 59). As previously the majority of patients came from the Child Health Medical Officers.

Referrals—Age, Sex and Social Class

Age on Referral

Social Class	—6 mths. M.	—6 mths. F.	6 mths.-1 M.	6 mths.-1 F.	1-2 M.	1-2 F.	2-3 M.	2-3 F.	3-4 M.	3-4 F.	4-5 M.	4-5 F.	Total M.	Total F.	Total M.+F.
I	—	—	—	—	1	—	—	—	—	2	—	—	1	2	3
II	—	—	—	—	1	2	5	1	2	1	2	—	10	4	14
III	1	—	4	—	8	8	5	5	9	6	12	2	39	21	60
IV	—	—	2	4	6	4	8	2	5	3	6	1	27	14	41
V	—	1	4	2	4	6	7	4	8	4	6	1	29	18	47
Total	1	1	10	6	20	20	25	12	24	16	26	4	106	59	165

Sources of Referral

	—6 mths. M.	—6 mths. F.	6 mths.-1 M.	6 mths.-1 F.	1-2 M.	1-2 F.	2-3 M.	2-3 F.	3-4 M.	3-4 F.	4-5 M.	4-5 F.	Total M.	Total F.	Total M.+F.
Child Health Medical Officers	1	—	8	5	15	16	19	10	19	12	17	3	79	46	125
General Practitioners	—	—	1	—	3	1	5	1	5	2	6	1	20	5	25
Consultants	—	—	—	1	2	1	—	—	—	1	1	—	3	3	6
Social Work Department	—	1	—	—	—	—	—	—	—	—	1	—	1	1	2
Adoption Societies	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Transfers	—	—	—	—	—	2	1	1	—	1	1	—	2	4	6
Total	1	1	10	6	20	20	25	12	24	16	26	4	106	59	165

Diagnoses—	Boys	Girls	Total
N.A.D.	5	8	13
Delayed Motor Development	9	1	10
Cerebral Palsy	10	4	14
Spina Bifida/Hydrocephalus	8	3	11
Mental Retardation (aetiology unknown)	21	21	42
Down's Syndrome	2	1	3
Lowe's Syndrome	1	—	1
Turner's Syndrome	—	1	1
Battered Baby Syndrome	—	1	1
Rickets	—	1	1
Rhesus Incompatibility	1	—	1
Congenital Heart Disease	2	1	3
Minimal Cerebral Dysfunction (including Aphasia, Dysphasia and Hyperkinesis)	24	8	32
Epilepsy	5	3	8
*Deafness	1	—	1
*Partially Hearing	4	1	5
Blindness	1	—	1
Partially Sighted	1	1	2
Visual Defects	13	9	22
Albinism	1	1	2

Diagnoses—contd.	Boys	Girls	Total
Deformity of Chest	—	1	1
Pes Planus	1	—	1
Traumatic Hemiplegia	—	1	1
Prematurity	4	4	8
Malnutrition	1	—	1
Portal Obstruction	—	1	1
Anaemia	—	2	2
Obesity	—	1	1
Behaviour Problems	21	5	26
Adverse Environmental Conditions	11	9	20
	147	89	236

*These diagnoses were not the presenting handicap and were disclosed when the initial screening was carried out. Statistics concerning deaf and partially deaf children are to be found in reports from the School Health Service.

Children seen by visiting consultants (at Balvicar Centre)—

	Boys	Girls	Total
Ophthalmologist	69	48	117
Orthopaedic Surgeon	90	48	138
Otologist	6	2	8
Paediatrician	31	29	60
Neurologist	32	12	44
Psychiatrist (Mental Deficiency)	3	1	4
Dentist	15	7	22
Educational Psychologist ...	29	21	50
Educational Audiologist ...	128	84	212
Children seen in consultation with the Medical Officer, School Health Service, regarding educational placement	28	19	47
Griffiths Development Tests carried out by Medical Officers at Centre	149	83	232
Stycar Vision Tests carried out by Medical Officers at Centre	64	33	97

Routine return visits to the Centre numbered 450 (Boys, 284 Girls, 166) and the total number of return visits paid to the Centre was 2,809 (Boys, 1,809; Girls, 1,000).

In addition to the above consultations, many of the patients have seen hospital consultants before being referred to the Centre. Contact is established with the consultant concerned and developmental findings are forwarded. Clinical reports are thus made available and a free flow of information is interchanged.

The number of consultations has increased considerably during the past year, necessitating elaborate arrangements for transport to the Centre and to hospitals.

Special Day Nursery: During the year there were 22 admissions (Boys, 15; Girls, 7) of carefully selected children of pre-school age.

Entrance to the Special Day Nursery is determined by a number of factors. In some cases long-term observation is necessary to establish a diagnosis ; to determine a child's progress under treatment ; or to realise a potential, discovered by developmental assessment. The Nursery is therefore a valuable extension of the medical facilities provided by the Centre. Assessment procedures necessary for selection for admission can only be undertaken by a Medical Officer who is skilled and experienced in developmental paediatrics. The long-term policy involved entails a considerable waiting list.

The staff now have opportunity to attend a special course. This was advocated some years ago and has only recently been implemented and already it has aroused much interest and eagerness to adopt new methods of stimulation.

Play Therapy : During the year 43 children (Boys, 30 ; Girls, 13) have attended for diagnostic and therapeutic purposes. It has been possible to condition children for formal testing, entry to Special Day Nursery or Nursery School by this means. The audiovisual apparatus, which has recently been adjusted, has proved most useful in establishing diagnoses as well as providing teaching methods for post-graduate students of medicine, psychology and health visiting.

Physiotherapy : Nineteen children (Boys, 12 ; Girls, 7) attended for physiotherapy and the number of treatments given was 535 (Boys, 372 ; Girls, 163).

Speech Therapy : There has been continuous speech therapy available throughout the past year. This has encouraged parents to bring their children regularly and so prepare their entry to ordinary school.

	Boys	Girls	Total
Diagnostic Interviews and Advice	27	21	48
Weekly Treatments	31	6	37
Attendances	368	139	507

Parent Involvement : As well as the parent counselling which is unobstrusively and constantly given by the staff, evening meetings have been held and individual parents have been invited to attend the Special Day Nursery and Play Therapy and Speech Therapy sessions from time to time. This participation can be helpful in the pre-school years.

Analysis of Dismissals—	Boys	Girls	Total
N.A.D.	3	6	9
Ordinary School	42	16	58
Special School	13	9	22

	Boys	Girls	Total
Occupational Centre	5	3	8
Unfit for Education or Training (Section 66B)	5	5	10
Nursery Class—Glasgow School for the Deaf	—	1	1
Problem Resolved	7	2	9
Assessment Complete re Adoption or Fostering	2	1	3
Transferred Outwith Area ...	12	6	18
Removed—Address Unknown ...	3	3	6
Refused to return to Centre ...	2	3	5
Emigrated	2	—	2
Died	1	2	3
	97	57	154

Research and Teaching.—Again, students have attended the Centre for instruction :—

(1) 20 Post-graduate students, Mental Deficiency Course (Glasgow University).

(2) 27 Health Visitor students.

(3) 4 Divinity students (Glasgow University).

(4) 2 Senior Nursing students (Edinburgh University).

(5) Health Visitors—Inservice Training.

(6) 22 District Nurses (Glasgow).

(7) M.Sc. students—Strathclyde University.

In addition, projects have been discussed and opportunities given to Senior Psychologists to test children at the Centre.

The staff have complied with requests to lecture on the work of the Centre to lay and professional bodies, and, in turn, have been grateful for the work of the ladies who give voluntary service at the Centre.

Perhaps it augurs well for the future that the Medical Officers of the Centre have been asked to take part in working parties on—

(1) Consultative Committee of Medical Officers of Health, Child Health Sub-committee.

(2) Western Regional Division of Mental Deficiency.

(3) Spina Bifida Case Conferences held at Royal Hospital for Sick Children.

The trend towards a closer integration between hospital clinical staff and community medical officers is producing a greater awareness

of each other's problems. This is an encouraging advance, which should improve the services provided for patients and their families.

Visitors.—Visitors continue to come to the Centre. Among these were :—

Three Russian Doctors	One obstetrical surgeon, Ministry of Health, U.S.S.R. One chief of perinatal health. One doctor in charge of M. & C.W., Armenian Republic.
Dr. C. M. Drillien	White Top Foundation, University of Dundee.
Dr. Rosemary Boothman	Royal Hospital for Sick Children.
Dr. Bywaters Mrs. Trenbath Mr. Hill	Dr. Barnardo's Homes.
Dr. Amata	Medical Officer of Health, Colombo, Ceylon.
Dr. Buermann	Morrisville, Pa., U.S.A.
Dr. Keele	Associate Professor of Paediatrics, Texas, U.S.A.
Dr. Lerner	San Francisco, U.S.A.
Mr. Young	Consultant Paediatric Surgeon, R.H.S.C. +7 members of staff.
Dr. Wallace Dr. Miskelly Dr. Kerr Dr. Inroy Dr. Black	Vocational Training Course in Community Medicine for General Practioners.
Dr. Dan Anne Tay Quee Cheng	Ministry of Health, Singapore.
Dr. Millar	Department of Psychology, Strathclyde University
Mrs. Campbell	Pre-School Play Group Association.
Mr. Milne	H.M. Inspector of Schools.
Mrs. Catherine Boyle	Pre-School Nursery Education.
Mrs. Gibson	Nursing Officer, Melbourne, Australia.
Mrs. Marshall	Educational Psychologist, Dundee.
Miss Rennie	Deputy to Mr. Zimmer, Special Schools Department, Glasgow.
Mrs. McLeod	District Nursing Association.
Mrs. A. T. Taylor	P.S.W. Society of Intellectually Handicapped Children, New Zealand.
Mrs. Isobel Miller	Department of Social Administration and Social Work, University of Glasgow.
Mr. W. Perry Mr. Gordon Lane Mr. James Dunnachie Mr. James Wray	Four Councillors from Glasgow Corporation.

Two architects from Institute of Technology, Aberdeen.

Two engineers from Department of Biological Engineering, Strathclyde University.

Conclusions.—Balvicar Centre has now been functioning for almost ten years. The case records and statistics prove that the provision of comprehensive services for handicapped children in the pre-school years is fully justified. Timely intervention reduces the number of children

requiring special education. More places in medically orientated special day nurseries are desirable and the remedial therapies should also be considerably augmented.

Great advances have been made in this field since the Carnegie Trust Investigation in 1954, as a result of which the Centre came into being. The care of the pre-school handicapped child is becoming a community responsibility of much importance and the prospects for the child and his family are more promising than ever before.

SOCIAL PAEDIATRIC AND OBSTETRIC RESEARCH UNIT 1972

Research Projects.—In January 1972, the Unit (formerly the Social Paediatric Research Group) assumed its present title. This came about because of an increasing interest in social obstetric problems and the creation of a link with the Department of Obstetrics.

Generous financial support from the Scottish Home and Health Department enabled the Unit to expand during the course of the year and Dr. Rosemary Boothman, Dr. Gillian McIlwaine and Mrs. Clare MacKenzie joined the staff. Dr. Boothman is undertaking an evaluation of screening procedures in childhood and a follow-up of infants receiving intensive neonatal care ; Dr. McIlwaine is undertaking a detailed study of all perinatal deaths relating to Glasgow births in 1970 ; and Mrs. MacKenzie is undertaking the clerical work in association with the Glasgow Family Planning Study. During the year Dr. Frances Hamilton was elected a Member of the Faculty of Community Medicine of the Royal College of Physicians.

An outline of the research being conducted by the Unit is given below. In all these investigations valuable help has been received from the Health Department's medical, health visiting, maternity, library and clerical staff and the Corporation's computer section.

New Projects. The following studies began in 1972 :

1. *Perinatal mortality.*—Records of all perinatal deaths in 1970 are being examined to determine clinical cause of death, to identify the women who are losing their babies and to determine whether they came for and received adequate antenatal care and to determine what changes, if any, might be recommended in obstetric and neonatal care to improve the perinatal outcome. A preliminary analysis of the 462 deaths (a rate of 27·6 per thousand total births) shows that two-thirds of the

deaths are from "environmental" causes (e.g. unexplained prematurity, foetal defect and antepartum haemorrhage) which are related to the unfavourable environmental influences on the mother's reproductive function. One-third of the deaths were from "obstetric" causes (e.g. toxaemia, birth injury, unexplained death of mature babies, Rhesus incompatibility) which are capable of being reduced by high standards of obstetric care.

The study confirms the well-known increase in the risk of perinatal death when the mother is aged less than 20 or more than 30, when she is primiparous or of high parity and if she is in social class IV or V. The risk is also high in illegitimate primiparous births and when there is a previous history of abortion, still birth or neonatal death. High mortality also occurred among domiciliary births and it is clear that many high risk women continue to be delivered at home.

There is considerable scope for reducing the continuing high perinatal mortality in Glasgow. This lies in identifying early in pregnancy the women at risk and monitoring them carefully during the antenatal period and in labour. Also of considerable importance is the need for reducing the number of high parity births by an expansion of family planning services.

2. *Evaluation of screening procedures in childhood.*—Little exists on the prevalence of asymptomatic bacteriuria in children of pre-school age and, to rectify this, a study is being conducted in collaboration with Dr. Matthew Laidlaw of the City Laboratory. Urine cultures, using a dip-slide technique, are being examined from 1,000 normal children (i.e. not known to have a handicapping condition) attending child health clinics or day nurseries.

In association with the Department of Clinical Physics of the Western Regional Hospital Board, the Unit is investigating the use of pure-tone audiometry in screening for hearing defects in infancy.

3. *Glasgow Family Planning Study.*—Selected patients at the Royal Maternity Hospital are being invited in the post-partum period to a special postnatal family planning clinic at the hospital, staffed by a local health authority doctor. In order to limit the number attending to about twelve per week, some selection of cases is needed and preference is being given to women who have recently had their first or fourth and subsequent baby. All supplies are provided completely free by the Corporation and so cases are limited to Glasgow residents. Follow-up of these patients is largely at peripheral local authority family planning clinics.

The Unit is investigating the problems involved in setting up this type of integrated service and is examining the use that patients make of these special facilities. Early experience shows that over 80 per cent of women invited to attend actually come to the special clinic and this represents a considerable improvement on the usual attendance at hospital postnatal clinics. It is hoped that this service will become a model for the future.

4. *Special care babies.*—About one-third of the babies born at Queen Mother's Hospital and the Royal Maternity Hospital are admitted to the special care units of these hospitals. Using a specially designed proforma, reasons for admission and the type of treatment given are being recorded and analysed. It is intended to conduct a follow-up study of selected groups of these babies to determine the developmental levels attained in such cases.

Continuing projects.—The following projects continued throughout the year :—

1. Development of the Glasgow child health record linkage system.
2. Studies of the utilisation of child health clinic services.
3. A study of one hundred vulnerable families.
4. A statistical study of domiciliary confinements based on the Scottish Maternity Record.
5. An investigation into the possible role of water supply in determining the prevalence of neural tube defects.

Completed studies.—Three investigations were completed during the year and reports on the first two were prepared :—

1. *A confidential inquiry into 226 consecutive infant deaths in Glasgow*:— Using data recorded in the homes and supplemented by information abstracted from hospital records, autopsy reports and general practitioner reports, it was found that among 226 consecutive infant deaths (occurring after the first week), the leading causes were : congenital malformation (62 deaths), sudden infant death syndrome (47), pneumonia (36), gastroenteritis (26), and aspiration of gastric contents (16). In only one-third of the deaths was there a known predisposing organic disease. The study confirms the well-known relation between infant mortality and low birth-weight, illegitimacy, poor social conditions, and low standards of parental care. Of particular interest was the finding of a long interval in many of the "cot deaths" between the child last being seen alive and the discovery of the death.

Half the deaths occurred at home, the leading causes of mortality in 103 "cot deaths" being : sudden infant death syndrome (47), pneumonia (25), and aspiration of gastric contents (14). In at least one-third of the deaths from sudden infant death syndrome, there had been an illness in the previous week, usually an upper respiratory tract infection ; peak mortality was in the first quarter of the year (January-March) and occurred in the second and third months of life. Many of the infants dying in hospital were very critically ill on admission.

There was a high prevalence of "avoidable factors" in the group of deaths with no known predisposing organic disease, and the case histories suggest that deficiencies in both parental and medical care—often in combination—played an important role in many of the deaths investigated.

2. *A genetic study of anencephaly and spina bifida in Glasgow.*—The incidences of anencephaly and spina bifida aperta among all Glasgow births in 1964-68 were each 2·8 per thousand. Among the viable sibs of 146 cases of anencephaly, the incidence of congenital defects was 8·4 per cent (neural-tube defects 5·7 per cent) and among the sibs of 172 cases of spina bifida it was 10·4 per cent (neural-tube defects 5·6 per cent). The incidences of neural-tube defects among sibs of anencephalic propositi is higher than in other large studies.

A neural-tube defect was present in 6·5 per cent of sibs born subsequent to an anencephalic propositus and in 4·4 per cent of sibs born subsequent to a case of spina bifida. There is a strong tendency for affected children within a sibship to have the same defect.

Anencephaly in a primigravida was associated with a high incidence of congenital defect in later pregnancies (all defects, 12·9 per cent ; neural-tube defects, 8·6 per cent).

After the birth of two affected children, the incidence of congenital defects was 9·0 per cent. The incidence of neural-tube defects (4·9 per cent) was lower than expected from other published studies

Of 1,069 known conceptions (excluding propositi) in this study, 15 per cent terminated in abortion—a rate believed to be higher than the general incidence. When the propositus had spina bifida, the abortion rate among previous conceptions was 19 per cent.

Excluding propositi, almost one-quarter of conceptions in the families studied ended in either abortion or congenital defect ; when the propositi are included, the rate is particularly high (41 per cent).

Several aberrations are reported in the structure of the families investigated; they suggest the action of sex-biased genetic factors in these families, although precise reasons for the findings are at present unknown.

The Glasgow Health Visitors played an important part in recording much of the data and we are especially grateful to them for their assistance.

3. *Spina bifida survivors and their parents—a study of problems and services.*—In 1964-68, Glasgow mothers gave birth to 234 liveborn children with spina bifida; 92 have survived and it has been possible to study, in 86 of these families, the problems encountered and the use made of the available services. The proportion of severely and very severely handicapped children is high (81 per cent) but 84 of the survivors are able to live at home.

Half the mothers and one-third of the fathers wish they had been told more about their child's condition at an early stage and many feel that they have never received a good explanation about the nature or consequence of their child's condition. Most of the parents still feel that the condition will be cured or at least greatly improved; nevertheless, they are extremely worried about the future.

General practitioners, health visitors and local authority clinics play but a minor role in the care of these children. Only 40 per cent attend a comprehensive assessment centre, and in the families studied there has also been a serious lack of genetic counselling and family planning advice. Financial difficulties and inadequate housing are prominent among the many problems faced by these families. The study points to the urgent need for all the specialities involved to co-operate in producing and implementing a well-defined programme of integrated care for the handicapped child and its family.

Other activities of the unit.—Dr. Richards was a member of the Child Health Sub Group of the Scottish Home and Health Department's Working Party on the Integration of Health Services and a member of the Scottish Advisory Committee on Computers in the Health Service.

Visitors.—Visitors to the Unit included Drs. Patkova, Baikushev, Borov and Bacher from Bulgaria, Dr. Miklos from Hungary, Dr. Jean Site from France, Dr. S. Singh from India, Dr. Basil Hetzel from Australia, Dr. Kate Swallow from U.S.A. and Dr. Ito from Japan.

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HEALTH VISITING SERVICES 1972

1972 opened with 195 health visitors in post (not including the senior administrative staff) and during the year 16 health visitors resigned for various reasons—6 to other health visiting posts in Scotland; 5 by retirement; 1 to an overseas post; 2 for further study and 2 for domestic reasons.

However, mostly in the Autumn, 19 full-time and 2 part-time health visitors joined the staff so that the position at the end of 1972 was almost unchanged from the beginning of the year. At 31st December, 1972, there were 199 health visitors in post.

The over-all picture has shown no improvement in the staffing position and there is continued difficulty in meeting increasing demands. Over the past five years (1967 to 1972) the total number of health visitors who have left the Nursing Division is 116 and the total number joining is 79.

Distribution of Staff.—The policy of increasing practice-linked health visitors and decreasing the number of health visitors on geographical districts continues slowly. At the end of the year there were 17 practice-linked health visitors, 24 health visitors working full-time in liaison duties between hospital and community services and 40 health visitors working full-time in the school health service.

Home Visiting.—The total number of home visits paid in 1972 was 232,376 as compared with 244,085 in 1971, a decrease of 11,709.

This is in part due to the inability to replace immediately, members of the staff resigning from the Department.

Antenatal Visits.—The number of expectant mothers visited by the health visiting staff in 1972 was 2,553 as compared with 2,434 in 1971, a slight increase. The notification to health visitors by staff at antenatal clinics of all expectant mothers is necessary, in order that visits may be carried out as soon as possible. The opportunities for health teaching to expectant mothers are important, as it is in the early months of pregnancy that sound, healthy attitudes to motherhood are developed.

Visits to the Elderly.—The total number of home visits to the elderly was 50,031 as compared with 45,168 in 1971, an increase of 4,863. It is interesting to note that the number of visits to elderly persons has increased over the years and the appointment of registered general nurses to assist health visitors in this type of visit is fully justified. Without their help many of the routine visits to the elderly could not be paid.

Visits to Homes by Health Visitors.—The following table summarises relevant information and shows that the health visitor is a family health visitor in that she visits all age groups.

NUMBER OF HOME VISITS AND CASES

	Number of cases	Total Visits 1972	Total Visits 1971
Expectant Mothers	714	2,553	2,434
Children born in 1972	12,611	47,950	53,117
Children born in 1971	13,083	40,957	44,908
Children born in 1967-70	35,998	65,625	70,221
Schoolchildren	10,154	11,629	10,645
Persons aged 65 years and over ...	10,669	50,031	45,168
Mental Health Care and Aftercare ...	609	4,613	7,079
Other hospital aftercare	213	374	724
Tuberculosis Households	7,409	5,828	6,037
Other infectious disease	1,065	2,419	2,989
Others	397	397	763
	92,922	232,376	244,085

Hospital Liaison.—With an integrated Health Service in 1974, there is a growing upsurge of awareness of the advantages of a Hospital and Community Nursing Service Liaison. Liaison in Glasgow is not a new thing and was first started in 1960 with the purpose of assisting the patient going home from hospital and to assist the doctor, ward sister or medico social worker by a two-way flow of information. Twenty-two hospitals in Glasgow participate with the community nursing service in providing liaison schemes.

In-Service Education.—It is becoming increasingly recognised that any organisation involving human effort has an obligation to its personnel to help them to adjust to the changes and advances in their field of work.

This implies a need for in-service programmes for all grades of staff and, as in previous years, Glasgow Health Department has given many members of staff the opportunity to attend study courses and conferences, some of which have been promoted by national bodies and others organised locally.

During 1972, health visitors attended approved refresher courses or study-days organised by the Council for the Education and Training of Health Visitors, Scottish Council for Health Education and the Family Planning Association. Members of staff also received invitations to attend relevant study sessions which had been arranged for hospital staff by the various hospital groups in Glasgow.

Visits by Overseas Post-Registration and Post-Graduate Students.—A total of 20 persons spent days or weeks observing the work of the Community Nursing Division and discussing duties with a wide range of personnel in the various sections.

There has been increasing co-operation between nursing members in hospital and local authority, when planning combined programmes for nurse visitors to Glasgow.

Community Experience and Observation Visits by Nurse Students.—During the year, arrangements were again made with the Training Centre at Lancaster Crescent for students to accompany health visitors on the district, in schools and to visit various clinics. The health visitors spent one or more sessions with each student, giving instruction on the techniques of home visiting as applied to the different age groups in the community. The students also visit homes with the health visitor to observe families in their own environment and the problems associated with that environment.

The number of students benefiting from this experience during the year was 393 compared with 302 in 1971.

DOMICILIARY MIDWIFERY SERVICE

In 1972 the number of registered midwives practising in the City was 50. Of these 37 were full-time domiciliary midwives in the service of the Corporation and 6 part-time; included in this number are the Chief Supervisor and eight Assistant Supervisors. The introduction of

part-time midwives has been most successful. The 6 now employed are fully trained and qualified and have carried out their duties in an excellent manner. Of the remainder, 7 midwives were employed in association with maternity homes.

The Corporation midwifery service has, since its inception in 1940, been very popular with Glasgow mothers. With the new trend in midwifery, doctors giving antenatal care advise hospitalisation especially for first confinements and fifth and subsequent confinements. Far too many women, however, delay booking a midwife for the approaching confinement until well into the seventh or eighth month. In 1971, of 1,717 applications, 60 were not made until the seventh and 28 till the eighth month of pregnancy. No less than 9 applications were made as late as the ninth month. This militates against the mother receiving adequate antenatal care and sufficient mothercraft teaching from the midwives.

During the year the municipal midwives attended 342 cases, paying 2,404 antenatal visits and 9,174 during the puerperium.

A supervisor is always on duty, day and night, to deal with emergency calls and/or arrange for admission to hospital. The close co-operation which exists between the hospitals and district staff is invaluable in an emergency and is very much appreciated. In addition, a considerable part of the work of the supervisors is the general supervision of midwives under the Midwives (Scotland) Act, 1951, and the inspection of the patients' homes with regard to their suitability for a confinement. All midwives are encouraged to report cases where the house is only a single apartment or overcrowded, so that arrangements may be made for the confinement to take place in a hospital. Where necessary, the aid of the Department's disinfecting staff is invoked to have the house sprayed or disinfected and washing done prior to the confinement taking place—a much appreciated service.

Maternity outfits are available on application for women who are to have a home confinement and 624 of these, costing £1·06 each, were issued free of charge in 1972.

The introduction of these sterilised dressings has been of the greatest benefit to both patient and midwife, not least as a practical demonstration of the value of personal hygiene.

Entonex and Trilene can now be administered by midwives to those patients certified by their doctors as requiring it. Only midwives duly certified by the Central Midwives' Board as being properly qualified to administer such analgesics are permitted to do so.

The domiciliary staff also undertake the training of student midwives from the maternity units of the following hospitals :— Stobhill, Southern General, Royal Maternity Hospital, the Queen Mother's Hospital, Eastern District, Robroyston and Redlands. The scheme provides that there is always a domiciliary midwife at each confinement. For this training 36 of the midwives are approved by the Central Midwives' Board. During the year, 317 student midwives from the above hospitals were trained and attended 159 confinements and made 4,022 puerperium and 1,692 antenatal visits.

Postgraduate courses for midwives are held each year in one or other of the larger cities and 5 midwives are authorised to attend.

The following table shows the work carried out by the midwives during 1972.

Number of births classified to show nature of attendance at birth :—

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.				
	Doctor present at actual confinement	Doctor present at any time during Labour	Doctor not present at any time	Midwife alone (no doctor engaged)	Total
(*a*) Midwives employed by the Authority ...	164	12	153	13	342

OPHTHALMIA NEONATORUM

The number of cases notified in 1972 was 36. The cases were classified as follows :—

Gonococcal ophthalmia ...	3
Purulent conjunctivitis ...	23
Simple conjunctivitis ...	10

Age at onset was as follows:—

-12 hours	2
-4 days	5
-8 days	12
+8 days	17

Attendance at birth was as follows :—

General Practitioners ...	1
Institutions	34
Midwives	1

Bacteriological examination was carried out in all cases. The results were as follows :—

Gonococcus	3
Staph. Aureus	4
Staph. Albus	2
E. Coli	9
Pseudomonas	1
Neisseria Catarrhalis ...	1
Neisseria Pharyngis ...	1
Tric. Infection	1
No organism isolated ...	5

In nine cases there was no information on the results of bacteriological examination.

Four babies were admitted to Belvidere and five to Ruchill. There was a decrease of five in the number of gonococcal ophthalmias compared with last year.

The figures are probably not a complete picture of the situation as regards ophthalmia neonatorum in the City. It is felt that notification of every case is not made and even when a card is returned the information is often incomplete.

WELFARE FOODS

The distribution of Welfare Foods was taken over from the Ministry of Food, 28th June, 1954. The documents for entitlement to free Welfare Foods are issued to the beneficiaries by the Department of Health and Social Security on application, but neither tokens nor proof of identity are required for ordinary issues.

The price of National Dried Milk was increased from 10½d. to 2s. 4d. per packet in 1957. A further increase was made on the 4th April, 1971 to 20p (4s.) per packet.

A new Welfare Food Order which came into operation on the 4th April, 1971 stated that Cod Liver Oil would cease to be supplied as a Welfare Food from the 30th April, 1971 and Orange Juice from the 31st December, 1971. On withdrawal of Orange Juice a new preparation containing Vitamins A, D and C was introduced for children and a similar product in tablet form for expectant and nursing mothers.

The following is a list of the prices of Welfare Foods.

National Dried Milk	20p per packet
Children's Vitamin Drops ...	5p per bottle
A, D and C Tablets	6p per container

SECTION III

SCHOOL HEALTH SERVICE

GENERAL INTRODUCTION

This is the 63rd Annual Report of the School Health Service. The efficacy of the Service is now being seriously impaired by the problem of staffing.

In the recent report of the Department of Education and Science, Dr. T. K. Whitmore, a senior medical officer of the Department proposes that school medical officers should hold regular sessions at schools so that pupils could make personal appointments. This would be in addition to the availability of the school doctor to give regular advice to parent and teacher. In Glasgow we have always organised our time-table on a pattern of regular visits to our educational establishments on a periodicity, varying from twice a week to four weekly depending on the size and requirements of the school.

This design of time-table covers the routine work, the "at risk" follow-up and also makes time for non-routine consultative requirements. However, the value of this depends on continuity of personnel as well as knowledge and understanding on the part of medical staff of the provisions they have at their disposal. Medical Officers, working as so many do, two mornings a week, fail to acquire such knowledge. The value of in-service training is lost where, with almost the entire staff turning over, few people remain with sufficient knowledge of the entirety of the Service to enable them to train others.

The requirement made locally on the passing of the Education (Milk) Act, 1971, that all children between the ages of 7-12 years should be specifically examined with a view to the recommendation of provision of milk in school on the grounds of ill health, made serious in-roads on the time, goodwill and enthusiasm of staff. In the event some 30,000 pupils were examined, 27·6 per cent of these were recommended to be given free school milk.

With staff directed to this work, there has been a failure to cover the basic work of the Service. The numbers examined in all other sections from routine medical inspection to cleanliness inspections show a drop.

The visits of hospital consultants to our School Health Clinics, continue to be highly valued, but the changing pattern of school health staff means that less use is made of certain aspects of this clinic system than there should be. Of the consultant team, the Opthalmologists have diminished in number and availability with the result that vision screening has had to be curtailed as numbers awaiting testing built up beyond the point of manageability.

The service is based on the child found to have visual defect being examined and refracted at the School Health Clinic by an Ophthalmologist who prescribes glasses, later selected from the visiting optician, and who arranges for follow-up of the child through the school years at suitable intervals, thus ensuring that no child needs to wear inadequate or ill-fitting glasses.

The accompanying tables tend to reflect the general malaise of the population of the area. Social Class 6 has been introduced to cover among others children of housewives, Armed Forces and "not known". Approximately 5,000 children are seen to be in this group.

The totals for defects discovered in the all-over reduced number of those routinely examined, have increased. There has been a slight increase in children noted as being underweight compared with last year, but the figure for obesity has risen from 1·5 per cent to 2·1 per cent, indicating unsatisfactory diet.

In the entrants there has been an increase in children found to be suffering from Bronchitis. While Scabies is still being recorded, the numbers are fewer than last year, but the state of head infestation with Pediculus still shows cause for concern.

The figures for remediability of defects as affected by the size of the house, the relation of inmates to apartments or the effect of overcrowding and type of occupancy do not yield conclusive results, but in Table 14, the average heights and weights related to apartments indicates with one or two exceptions the more apartments the higher the height and weight. Compared, however, with the rest of Scotland, Glasgow figures are below the average. In boys and girls, both entrants and leavers, the height of the Glasgow pupils is the lowest in Scotland.

Immunisation campaigns have continued and the numbers of those completed for Diphtheria, Tetanus and Poliomyelitis have slightly increased compared with last year.

Despite this the failure of parental interest as shown by the number of parents present at the routine medical visits, affecting particularly the 13 and 16-year-olds where these groups are now so much at risk, is a matter to be deplored.

This parental apathy is also seen in disinterest in taking advantage of the very wide Residential School provision. The experience of such a stay both provides an educational experience and an impetus to improving health at no cost to the parent and yet considerable effort is made by both teachers and medical staff to interest enough parents to keep the schools viable. Our own holiday camp at Seafield held for underprivileged children during 6 weeks of July and August eventually provided for 153 children, but even this number was gathered together with difficulty.

The number of children examined for holiday camps and educational excursions has shown a marked fall being 2,290 down on last year, which was already 800 down on the previous year.

The School Meals Service continued to give assistance in providing increasing requests for diets. Seventy-six special diets were recommended mainly for coeliac disease, diabetes and obesity.

The numbers of teachers submitting to chest X-ray as part of the Teachers' Sick Pay Scheme has fallen from 2,774 to 1,860, but this can be accounted for by the change to three-yearly X-ray for those not requiring more frequent observation, than to any fall in the number taking part in the Scheme.

Pupil enthusiasm for the Service in Hospital Scheme continues. This appeals particularly to the girls. Although various aspects of hospital service were made available to the boys, only a few have ever participated. Many of the girls, on the other hand, are willing to give up school holidays when they are permitted to attend on these days at the hospital to which they have been allocated. Much of the success of this Scheme continuing so well is due to the interest of the Adviser in Home Economics, senior teachers and the personal interest taken in the pupils by hospital nursing staff.

Without thoughts of the impending National Health Service integration, it is a pleasure to acknowledge the ever-increasing contact with hospital staff and family doctors. There is a progressively increasing understanding of the aims of the School Health Service among colleagues showing itself by sharing of knowledge and assistance with goodwill, all directed towards helping the child and parent.

The Service continues to take its place in lecturing both in formal teaching and in general talks to the public. Various items of research are carried out. For the last 10 years the Audiology Unit staff together with members of the Regional Virus Laboratory and the University Department of Infectious Diseases, followed up those children who had been treated for meningitis and encephalitis associated with mumps. The findings have now been published in the Archives of Diseases of Childhood.

All of this gives great personal pleasure and I wish to record my gratitude to these medical colleagues. My thanks are due to the Director of Education, all members of his staff including the staffs of so many educational establishments who show such patience and goodwill when we are unable to meet their requirements and have to evolve some makeshift arrangements.

Much of the work of the Service is being carried by a few dedicated people prepared to do vastly more than their share: to them I am grateful as well as to the many part-time members who give of their best despite the scant training they receive in the work of the Service.

I thank the Convener and Members of the Education Committee.

To Mr. Sloan, our Chief Administrative Officer, for his care and interest in all aspects of the Service and for his work in collecting and compiling the contents of this Report, I express my sincere thanks and appreciation.

General Statistics

Area of City in Acres		39,725
Population of the Area		893,790
School Population		168,664
Density of Population per acre		22
Number of Schools—		
(*a*) Primary	217	
(*b*) Secondary	59	
(*c*) Schools for Handicapped Children	25	
(*d*) Occupational Centres	11	
(*e*) Residential Schools	13	
(*f*) Nursery Schools	56	
(*g*) Hospital Schools	8	
(*h*) Day Centres (Maladjusted children)	2	
(*i*) Gardening Schools	1	
Total Schools under Education Authority	392	
(*j*) Schools in receipt of grant and under medical inspection	10	
		402

SANITARY CONDITIONS OF SCHOOLS

During the Session, 67 visits were paid to 66 schools for the purpose of general inspection. In the same period, 14 visits were paid to 14 kitchens and dining halls where meals for school children were prepared and served.

ORGANISATION AND ADMINISTRATION

System and Extent of Medical Inspection and Treatment

Inspection

Routine Medical Inspection in ordinary schools was given to Entrants—Infants—and those born in 1958 and 1955; doctor/health visitor team tested, for vision only, those born in 1962. In addition, Routine Medical Inspection was carried out in schools and classes for handicapped children.

Other arrangements were broadly similar to those in the previous year.

Treatment

A list of the school clinics and services given were as follows :—

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	Special Skin	Ultra-violet ray	Orthopaedic	Scabies Baths
80/90 Kinfauns Drive, G15 7TS	1	1	2	—	—	1	—
18 Plean Street, G14 0YH	1	—	1	—	—	—	—
4 Sandy Road, G11 6HE	1	1	1	—	—	—	—
130 William Street, G3 8UR	1	—	1	1	—	—	—
91 Denmark Street, G22 5EW	1	1	2	—	—	—	—
Hyde Park School, G21 4SF	1	1	1	—	—	—	—
15 Glenbarr Street, G21 2NW	1	1	3	—	1	1	1
60 Avenuepark Street, G20 8LW	1	1	1	—	—	1	—
40 Grovepark Street, G20 7PF	1	1	1	—	—	—	—
2 Lochdochart Road, G34 0PZ	1	—	—	—	—	—	—
5 Craiglockhart Street, G33 5ED	1	—	—	—	—	—	—
74 Wellhouse Crescent, G33 4LU	1	1	1	—	—	—	—
155 Crail Street, G31 5RB	1	1	2	—	—	—	—
23 Acorn Street, G40 4AN	1	1	2	—	—	—	—
22 Arnprior Quadrant, G45 9EY	1	1	—	—	—	—	—
71 Dougrie Drive, G45 9AD	—	—	1	—	—	—	—
Ashtree Road, G43 1RP	1	1	2	—	—	1	—
Calder Street School, G42 7NH	—	—	1	—	—	—	—
26 Florence Street, G5 0YZ	1	1	2	—	1	1	1
Netherplace Road, G53 5AJ	1	1	2	—	—	—	—
74 Berryknowes Road, G52 2TT	1	—	—	—	—	—	—
Fairfield School, G51 3PD	—	—	1	—	—	—	—
St. Anthony's School, G51 3BA	1	—	—	—	—	—	—
29 Govan Road, G51 1HX	1	1	1	—	—	—	—

Two mobile dental units were functioning during the Session—No. 1 Unit at Castlemilk and No. 2 at Easterhouse.

Other treatment facilities provided were as before.

Holiday Camp for Underprivileged

During six weeks in July and August, 1972, arrangements were again made for children suffering from otorrhoea, epilepsy, enuresis, ped. cap. and other incapacitating conditions associated with underprivilege which would prevent their going to other camps, to spend a holiday in Seafield Residential School, Ardrossan. The numbers accommodated were : from 3rd to 14th July, 30 boys and 18 girls ; from 18th to 28th July, 26 boys and 22 girls ; from 31st July to 11th August, 26 boys and 31 girls—a total of 153 children for the complete period of six weeks.

Medical Examination of School Meals Staff

This Scheme was instituted in 1949, applicants for posts being medically examined beforehand, employees being examined annually.

	Numbers Summoned	Numbers Attended	Numbers Found Fit	Numbers Found Unfit	Number Deferred
New Cases—					
Full-time	534	400	367	30	3
Part-time	255	185	173	9	3
Old Cases—					
Routine Examination	138	103	102	1	—
	927	688	642	40	6

Co-operation with Other Outside Agencies

By arrangement with Professor Hutchison of the Royal Hospital for Sick Children, 29 D.C.H. students visited several nursery schools and school clinics.

School clinics referred to hospital 216 cases (148 boys and 68 girls) the ailments from which they suffered being as follows :—

	Boys	Girls
Skin—		
Wounds, etc. (minor injuries)	52	13
Fractures	9	5
Other skin conditions	59	31
General	11	8
Eye	13	9
Ear, Nose and Throat	4	2
	148	68

During June and July, 31 children were summoned to school clinics for preliminary medical examination, prior to going on holidays organised by the W.R.V.S. Fourteen children attended and were all passed "fit".

MEDICAL TREATMENT

(A) MINOR AILMENTS

Throughout the treatment tables, "Single Visit Cases" includes those treated and disposed of at first visit, cases not for treatment and cases without apparent disease.

(1) CUTS, BRUISES, SPRAINS, MINOR INJURIES, ETC. :

Details of new cases—	Boys	Girls	Total
Cuts, bruises, sprains, etc. ...	3,119	2,215	5,334
Burns and scalds	213	168	381
	3,332	2,383	5,715

The attendances are included with those for skin conditions (page 78).

(2*a*) DISEASES OF THE EAR :

EXAMINED ONLY—	Boys	Girls	Total
Recommended operation for tonsils and/or adenoids ...	65	53	118
Other operations recommended	17	10	27
Referred to hospital	15	10	25
Single visit cases	191	190	381
Totals ...	288	263	551

TREATMENT AT CLINICS— *Details of new cases*—	Boys	Girls	Total
Chronic suppurative inflammation (Otorrhoea)—single ...	56	58	114
double ...	5	5	10
Results of above diseases ...	3	3	6
Retracted membrane	4	1	5
Chronic aural catarrh ...	33	22	55
Ceruminous collection (wax)	263	287	550
Nasal catarrh	36	16	52
Laryngitis	—	3	3
Polypus	2	1	3
Other diseases	143	124	267
	545	520	1,065
Cases from previous session ...	333	302	635
Totals ...	878	822	1,700
Clinic attendances of above cases	4,470	3,817	8,287

EXAMINATIONS BY SPECIALISTS—

Cases, to the number of 1,205 (673 boys and 532 girls), were summoned to school clinics for examinations by aurists. Of that total, 291 (166 boys and 125 girls) failed to attend, the remainder being dealt with as under :

At school clinics—	Boys	Girls	Total
Recommended operation for tonsils and/or adenoids ...	85	78	163
Other operations recommended	19	17	36
Referred to hospital	53	42	95
For X-ray	29	31	60
For Audiogram	54	34	88
For Hearing Aid	1	1	2
Other recommendations and treatments	266	204	470
	507	407	914

AUDIOMETRIC EAR CASES—

Cases attending ear clinics were referred for audiograms and for examination by the specialist or medical officers attached to ear clinics, with the following results :—

Summoned, 171 (89 boys and 82 girls) ; attended, 95 (48 boys and 47 girls) ;

Recommendations included audiogram, 50 ; front seat, 11 ; lip-reading, 5 ; hearing-aid, 5 ; E.N.T. Specialist, 2 ; tonsil/adenoids operation 7.

X-RAY EXAMINATIONS—

Cases, which included some children from the audiometric surveys, were X-rayed in Stobhill Hospital and at Florence Street Chest Clinic, on the recommendation of the specialists, with the results as shown. A few were X-rayed for more than one condition.

	Positive		Negative		Totals		
	Boys	Girls	Boys	Girls	Boys	Girls	Total
Sinuses	18	12	4	2	22	14	36
Mastoids	5	6	2	1	7	7	14
Mastoids and sinuses ...	—	2	—	1	—	3	3
Sinuses and chest ...	—	1	—	—	—	1	1
Sinuses and Post-Nasal Space	—	—	1	—	1	—	1
Total Examinations	23	21	7	4	30	25	55

(2*b*) Defective Hearing :

During the year ended 31st July, 1972, the work done in connection with cases of defective hearing was as follows :—

Classification—Pupils to the number of 661 (398 boys and 263 girls) were summoned with a view to grading as regards special education and, of that total, 407 (243 boys and 164 girls) attended, 3 being graded for deaf classes and 1 for partly deaf classes. The specialist also made the following recommendations :

Audiogram, 7 ; clinic treatment and audiogram, 13 ; hearing aid, 17 ; hospital treatment, 10 ; front seat in class, 33 ; lip reading, 14 ; tonsil/adenoid operations, 41 ; speech therapy, 14 ; psychometric tests 5 ; other recommendations, 25.

Hearing Aids—26 children (11 boys and 15 girls) had hearing aids recommended and supplied. Proprietary aids were recommended by the specialist for 3 boys and 2 girls.

Audiograms—823 (434 boys and 389 girls) were tested by audiogram at Florence Street Audiometric Clinic.

(3) Diseases of the Eye, Excluding Defective Vision :

	Boys	Girls	Total
Details of new cases—			
Blepharitis	413	375	788
Hordeolum (Stye)	119	161	280
Conjunctivitis, catarrhal ...	50	34	84
Conjunctivitis, muco-purulent	4	3	7
Corneal ulcers	1	—	1
Epiphora	—	1	1
Injuries	46	23	69
Other diseases	46	31	77
Single visit cases	151	156	307
	830	784	1,614
Cases from previous session ...	20	15	35
Totals ...	850	799	1,649
Clinic attendances of above cases	2,593	2,338	4,931

(4*a*) Diseases of Skin, Excluding Ringworm and Favus :

	Boys	Girls	Total
Scabies	493	465	958
Pediculosis capitis	85	124	209
Impetigo Contagiosa	688	584	1,272
Ped, Cap. and Imp. Cont. ...	77	102	179
Ecthyma	7	15	22
Dermatitis seborrhoeica ...	22	62	84
Eczema	50	64	114
Alopecia areata	7	6	13
Psoriasis	6	9	15
Herpes zoster (shingles) ...	16	20	36
Lupus	—	2	2
Ulcers and abscesses	325	259	584
Urticaria	398	531	929
Warts	936	983	1,919
Other skin diseases	489	559	1,048
Single visit cases	2,345	2,196	4,541
	5,944	5,981	11,925
Cases from previous session	285	301	586
Totals ...	6,229	6,282	12,511
Clinic attendances of above and ringworm cases	48,779	48,454	97,233

Special Cleansing Clinics— New cases, 2,242; Attendances, 7,048

(4*b*) Special Skin Clinic :

	Boys	Girls	Total
New cases	10	13	23
Attendances	127	253	380

(4*c*) Bath Treatment of Scabies :

	Boys	Girls	Total
Cases receiving baths	377	351	728
Baths given	1,286	1,337	2,623

(B) DEFECTIVE VISION

(*a*) Cases Dealt With at Refraction Clinics :

	Boys	Girls	Total
Subjected to refraction—			
Spectacles prescribed	1,904	1,690	3,594*
Spectacles not prescribed—			
For further treatment			2,369
No treatment required			761
			6,724
Not subject to refraction—			
For further treatment			294
No treatment required			172
Postponed			448
			914
Total number dealt with at refraction clinics ...			7,638
Number of clinics held			901
Average number of children per clinic			8·09
Average number subjected to refraction at each clinic			7·30

* See over.

At school clinics, 54 new occlusion cases were put on treatment while additional 379 children were kept under observation. The number of children referred to hospital for further treatment was 330 and a further 442 were put off treatment.

At the end of the school session, approximately 9,386 children were awaiting refraction, distributed as follows :—

New cases, 1,491 ; " failed to attend," 6,542 ; retests, 1,353

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
792	1,286	672	319	496	29	3,594

(*b*) Provision of Spectacles :

New cases were supplied with spectacles under the Scheme to the total of 3,423. The nickel type was provided in 498 instances free of charge and the cellulose acetate in 2,925 instances on payment by each parent of a contribution towards the cost.

Replacements and repairs totalled 869, the details being as follows :—New lenses, 159 ; replaced lenses, 190 ; frames, sides, etc., 520 (nickel, 133, cellulose acetate, 387). A contribution towards the cost of replacement or repairs was made by the parent in 318 instances. The other 46 children had minor repairs done to the cellulose acetate type without the necessity of asking the parent to pay anything.

(*c*) Keystone Vision Cases Dealt With at Refraction Clinics :

Included in the figures in (*a*) on previous page are 454 cases which emanated from the testing of children's vision in schools by the Keystone apparatus. Of these, 408 were subjected to refraction, 291* (156 boys and 135 girls) of these having glasses prescribed, whilst 72 were referred for further treatment and 45 were considered as not requiring treatment. The remainder, 46, were not subjected to refraction and were noted ; "for further treatment", 8 ; "no treatment required", 12 ; and "postponed", 26.

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
85	133	14	18	41	—	291

At the end of the school year, 968 children were awaiting refraction :

New cases, 494 ; "failed to attend," 474

The results of Keystone screening in schools are given on Page 159.

(*d*) Consultant at Kelvin School :

Dr. William Wilson, Consultant Ophthalmologist, attended Kelvin School during the year on 3 occasions and the treatment was as follows :

	Boys	Girls	Total
Subjected to refraction—			
Spectacles prescribed ...	6	5	11*

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
2	2	2	3	2	—	11

(C) EAR, NOSE AND THROAT OPERATIVE TREATMENT

(i) Tonsils/Adenoids Operations Performed

The table below shows the number of operations for removal of tonsils and/or adenoids performed in the several hospitals during 1971-72.

	Boys	Girls	Total
Mearnskirk Hospital	53	41	94
Ear, Nose and Throat	72	43	115
	125	84	209
Clinic (including Hospital) attendances			299

Other forms of treatment were also given to children receiving tonsils and adenoids operations and a few patients were detained in hospital for more than the normal period before or after operations for medical reasons.

All children were instructed to report to the school clinic two weeks after discharge from hospital, for post-operative examination.

The numbers on the waiting list at 31st July, 1972, totalled 659 (410 boys and 249 girls).

(ii) Other Ear, Nose and Throat Operations—

In addition to those treated for tonsils and/or adenoids, children, to the number of 100 (61 boys and 39 girls), were admitted to Mearnskirk and Ear, Nose and Throat Hospitals during the year for operative and other treatment of various ear, nose and throat conditions. Some of the patients were treated for more than one defect.

(D) ORTHOPAEDIC AND POSTURAL DEFECTS

The following are the statistics relating to the treatment of deformities at the five centres :—

	Boys	Girls	Total
Number of children examined by School Medical Officers ...	479	474	953
Orthopaedic Surgeon	792	739	1,531
Number of attendances of " old cases " reporting for observation	896	808	1,704

The staff of physiotherapists carried out treatment for the following cases :—

Details of new cases put on treatment at Clinics—	Boys	Girls	Totals
Deformities of spine (kyphosis, lordosis, scoliosis)	121	113	234
Paralysis, infantile and other	27	24	51
Flat-foot and other deformities of the foot	169	215	384
Wry-neck (torticollis) ...	2	—	2
Deformities of chest	106	36	142
Knock-knees	71	82	153
Fractures and Sprains ...	1	1	2
Others	21	16	37
	518	487	1,005
Cases from previous session ...	257	205	462
Totals ...	775	692	1,467
Discharged from Orthopaedic Clinic—			
Fit	375	387	762
For Hospital treatment ...	—	—	—
Convalescent	—	—	—
Transferred to other clinic or treated by appliances ...	22	15	37
For other reasons (leaving school, improved, etc.) ...	104	95	199
Totals ...	501	497	998
Number still on treatment ...	205	137	342
Number of attendances made by children for treatment ...	8,135	7,409	15,544

Deformities Treated in Spastic Unit :

Treatment provided in the two departments was as follows :—

	No. of cases treated			No. of treatments		
	Boys	Girls	Total	Boys	Girls	Total
Physiotherapy ...	35	17	52	6,600	2,440	9,040
Occupational therapy	35	17	52	4,597	2,711	7,308

Of the nine children discharged during the year, three boys reached leaving age, two boys went to Physically Handicapped Schools and two boys and one girl were transferred. One boy was excluded under Section 66C of Education (Scotland) Act.

There were six admissions during the session.

(E) OTHER DISEASE

(*a*) Cases Dealt With at the Regular Clinic for "General" Diseases—

Details of new cases—	Boys	Girls	Total
Bronchitis and bronchial catarrh	146	136	282
Anaemia and/or debility ...	901	971	1,872
Rickets	2	9	11
Tubercular conditions—			
Pulmonary (including contacts)	—	—	—
Non-pulmonary	8	1	9
Paralysis	1	1	2
Heart disease	12	20	32
Chorea	1	6	7
Enlarged tonsils and/or adenoids	57	55	112
Adenitis	4	2	6
Rheumatism	5	4	9
Enuresis	644	614	1,258
Malnutrition	16	25	41
Epilepsy	5	13	18
Digestive disorders	51	103	154
Infectious diseases	3	6	9
Mental deficiency	1	—	1
Nervous disorders	54	48	102
Others	432	396	828
Single visit cases	2,306	2,148	4,454
	4,649	4,558	9,207
Clinic attendances of above cases	7,632	7,350	14,982

(*b*) Supply of Medicines :

Details of new cases seen elsewhere than at " General " Clinics—	Boys	Girls	Total
Sent from school inspection for immediate supply	114	91	205
Sent from skin, eye and ear clinics	1,579	1,678	3,257
Additional attendances at " General " Clinics for medicine	1,976	2,073	4,049
Totals	3,669	3,842	7,511

(*c*) Artificial Light Treatment—

	Boys	Girls	Total
Details of new cases—			
Anaemia and/or debility ...	79	104	183
Chronic bronchitis	45	25	70
E.N.T. conditions	2	—	2
Skin conditions	22	6	28
Rickets	1	—	1
Rheumatism	—	1	1
Totals	149	136	285
Clinic attendances of above cases	2,491	2,717	5,208

(*d*) Cases Seen at Cardiac Clinic—

Dr. A. S. Rogen, the Heart Specialist from Stobhill Hospital, again attended school clinics for the purpose of examining school children specially referred by School Medical Officers and recommended any necessary treatment. During the Session, 458 children (229 boys and 229 girls) were summoned, of whom 125 (64 boys and 61 girls) failed to attend. The remainder reported as follows :—

New cases		Re-examinations		Totals	
Boys	Girls	Boys	Girls	Boys	Girls
86	80	79	88	165	168

The Specialist referred 8 children (3 boys and 5 girls) for further investigation at the Cardiology Clinic or for admission to Stobhill Hospital, where some were operated on for the treatment of certain forms of congenital heart disease. Electro-cardiograms were carried out at the school clinics for 53 boys and 56 girls. In addition, 2 boys and 1 girl were referred to the E.N.T. Specialist.

During the year, the children interviewed at special clinics and assessed, as regards capability for suitable employment, were as shown below :—

June, 1972, 2.

Since the commencement of the assessment scheme in June, 1950, 485 children in all have been interviewed at these special clinics.

(*e*) Cases Seen at Neurology Clinics—

Dr. I. Draper, Neurology Specialist from the Southern General Hospital, attended Woodside School Clinic for the purpose of examining children specially referred by School Medical Officers and recommending any necessary treatment.

During the Session, 198 children (126 boys and 72 girls) were summoned, of whom 45 boys and 28 girls failed to attend. The remainder reported as follows :—

New cases		Re-examinations		Totals	
Boys	Girls	Boys	Girls	Boys	Girls
39	24	42	20	81	44

	Boys	Girls
Results were :		
Not to return	23	14
To be reviewed later	57	29
Recommendations—		
For E.E.G.	28	12
For I.Q. Test	1	1
Refer to Southern General Hospital ...	3	2
For Change of Medicine	20	8
For Referral to Child Guidance Clinic ...	1	—

(F) TREATMENT AT SPECIAL SCHOOLS

The total treatment given by nurses were as follows :—

	Boys	Girls	Total
Ear conditions	1,214	1,529	2,743
External eye defects	1,288	1,477	2,765
Skin diseases	13,785	12,773	26,558
Uncleanliness (nits, vermin, etc.)	18,875	20,072	38,947
Medicines issued	22,175	18,796	40,971

SPECIAL SCHOOLS AND CLASSES AND RESIDENTIAL SCHOOLS

(*a*) HANDICAPPED CHILDREN

Educational provision was made, as follows, in schools for handicapped children under the management of the Corporation :—

(1) *Mentally handicapped*—20 Day Schools, 2 Residential Schools and 11 Occupational Centres.

(2) *Physically handicapped*—9 Day Schools, 9 Hospital Schools and a Scheme of Home Tuition. (One Day School made provision for spastic children and aphasic children between the ages of 2 and 16 years.)

(3) *Defective Vision*—1 Day/Boarding School for blind children and 1 Day School for the partially sighted. The former serves the whole of Scotland and Northern Ireland and accommodates Roman Catholic children. (Protestant Blind children attend the Royal Blind School, Edinburgh.)

(4) *Defective hearing*—1 Day School and 1 Day/Boarding School for the partially hearing and 2 Day/Boarding Schools for the Deaf. In addition, teachers from the Speech Reading Unit visit ordinary schools to give speech-reading instruction and auditory training to pupils not sufficiently deaf to require education by deaf methods. (Two teachers are also allocated to the Audiology Unit administered by Health Department (Maternity and Child Health Section) where the hearing of young children under school age is investigated.)

The age range for spastic children, blind children and those suffering from defective hearing is 2 to 16 + years.

At 30th June, 1972, the number of children receiving special educational treatment in special schools administered by the Corporation was as follows ;—

Physically handicapped children, 259 (including 53 in school for spastics) ; children with hearing defects, 213; children with defects of vision, 105; mentally handicapped (educable) children, 3,156 ; mentally handicapped (trainable) children 428 ; total 4,161.

Hospital Schools

The following is a list of the Hospital schools with the number of pupils receiving tuition at 30th June, 1972.

Drumchapel Home (39) ; Eastern District (5) ; Mearnskirk Hospital (17) Victoria Auxiliary Infirmary, Philipshill (21) ; Royal Hospital for Sick Children (52) ; Stobhill Hospital together with annexe at the Royal Infirmary (Burns Unit) (64) ; Strathblane Home (15) ; and Psychiatric Day Unit (Royal Hospital for Sick Children) (15).

Ascertainment of Mental Handicap—

The number of children specially examined by School Medical Officers during the year, regarding *mental defects* was as follows :—

	Boys	Girls	Total
First examinations	334	212	546
Re-examinations	765	607	1,372
	1,099	819	1,918

Provision for After-Care of Mentally Handicapped Pupils over School Leaving Age was continued by the Social Work Department.

Other Details are :—

(i) Number of boys/girls suspected of mental handicap and referred for examination under Section 66A of the Education (Scotland) Act, 1969, Boys, 334 ; girls, 212 ; total, 546.

(ii) Number of boys/girls ascertained as mentally handicapped and transferred to special schools or classes. Boys, 260 ; Girls, 167 ; total, 427.

(iii) Number of boys/girls ascertained as mentally handicapped and transferred to junior occupational centres. Boys, 35 ; Girls, 23 ; Total, 58.

(iv) Number of boys/girls who were the subject of a report under Section 66B of the Education (Scotland) Act, 1969. Boys, 9 ; Girls, 8 ; Total, 17.

Home Tuition Scheme

At 30th June, 1972, the number of children participating in the Scheme was 19 and the main causes of incapacity were :—

Spina bifida, 2 ; ossium fragilitas, 2 ; asthma, 1 ; cystic fibrosis, 1 ; tuberculosis, 2 : miscellaneous, 10.

In addition to the foregoing provision, Glasgow children, in need of specialised care and attention, were accommodated and educated at the following Centres, not under the management of the Corporation—

Collness House, Wishaw—3 physically handicapped children requiring residential education.

Craigerne School, Peebles—1 maladjusted pupil (primary age.)

Harmeny House School, Balerno, Midlothian—4 maladjusted pupils (primary age).

Lendrick Muir School, Rumbling Bridge, Perthshire—5 maladjusted pupils (secondary age).

The Mary Hare Grammar School, Newbury, Berks—1 Roman Catholic deaf girl taking courses leading to the Certificate of Education.

Trefoil School, Herniston—2 severely physically handicapped pupils requiring residential education.

Eastpark Homes, Glasgow and Largs—33 severely physically handicapped children requiring long-term nursing care.

Corseford School, Johnstone—1 spastic child requiring residential education.

Ladymary School, Edinburgh—5 Roman Catholic maladjusted children.

Kilquhanity House School, Castle Douglas—1 maladjusted girl (secondary age).

Stanmore House, Lanark—19 mentally handicapped spastic children requiring residential training.

Carsemeadow School at the colony for Epileptics, Bridge of Weir—17 children suffering from serious epilepsy.

The Royal Blind School, Edinburgh—13 Protestant blind children.

The Royal Scottish National Hospital, Larbert—16 mentally handicapped boys.

St. Joseph's Private Hospital, Rosewell, Edinburgh—1 Roman Catholic mentally handicapped child.

St. Charles' Private Hospital, Carstairs—25 Roman Catholic mentally handicapped children.

Merchiston House Hospital, Johnstone—1 mentally handicapped boy.

Waverley Park Hospital, Kirkintilloch—23 mentally handicapped girls.

Birkwood Hospital, Lesmahagow—1 mentally handicapped boy.

Caldwell House Hospital, Uplawmoor—14 mentally handicapped children.

Bellefield Hospital, Lanark—8 mentally handicapped children.

Condover Hall, Near Shrewsbury—1 blind/mentally handicapped pupil.

Eden Grove School, Westmorland—1 mentally handicapped pupil.

Lennox Castle Hospital, Lennoxtown—76 severely mentally handicapped children.

Westerlea School, Edinburgh—1 physically handicapped (spastic) pupil.

Department of Child Psychiatry, Ladyfield, Dumfries—3 maladjusted children (primary age).

(*b*) MALADJUSTED CHILDREN—CHILD GUIDANCE

(*Mr. G. A. Dell, Principal Psychologist*)

During the year under review, the Child Guidance Service dealt with a total of 6,419 children, approximately the same figure as in the previous session. Total clinic attendances were 64,786, an increase of 1,003 over the previous year. 8,694 school visits and 1,513 home visits were paid. There was a slight reduction in the size of the waiting list from 821 to 739.

The most frequently recorded ages on referral were 8 and 9 years and the ratio of boys to girls was approximately 2:1. Just under 27 per cent of referrals were of children in the secondary school age range, which represents a substantial increase, compared with previous years.

Schools accounted for 3,915 referrals and medical sources for 717. 163 referrals came from Children's Panels or from the Social Work Department and this represents a doubling of the previous year's figures.

Among the group referred for reasons of maladjustment, 414 showed as a leading presenting system, 419 temper tantrums, 366 theft, 370 truancy, 399 attention-seeking behaviour, 308 exaggerated defiance of authority and 260 extreme shyness and inhibition. These figures show further increases in the numbers referred for the cluster of symptons involving aggressive and demanding behaviour. For the first time for some years, enuresis has lost its place as the most frequent presenting symptom.

Further information can be found in the report on the Child Guidance Service issued annually by the Education Department. Among the principal developments described in the report for 1971/72, are the further extension of remedial teaching services and the launching of a sample survey of reading attainments at the 7, 11 and 14 year age levels.

(*c*) RESIDENTIAL SCHOOLS

The Centres outwith the City are listed below along with the accommodation available for pupils. Periods of residence varied according to the needs of the individual child and averaged four weeks for the normal child, four to six weeks for convalescents.

(i) Normal—

Achnamara, Lochgilphead ...	36 Protestant boys and girls (Secondary 1st year).
Galloway, Wigtown	112 Protestant boys and girls (Primary V, VI and VII).
Southannan, Fairlie	25 Roman Catholic boys or girls (Primary V, VI, and VII).

(ii) Convalescent—

Agnes Patrick/Stevenson, Ascog	58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintraive ...	40 Protestant Mentally Handicapped children (7-13 years).
Castlecraig, Peeblesshire ...	40 boys and girls, Mentally Handicapped—long term.
Castle Toward, By Dunoon ...	96 Protestant boys and girls (8-15 years).
Fornethy, Near Alyth ...	74 Protestant girls (8-12 years).
Craig, Kilmarnock	56 Roman Catholic boys (5-12 years).
Lumsden, Maybole	29 Roman Catholic girls (5-12 years).
Nerston, East Kilbride ...	32 boys and girls—maladjusted children of primary age.
Seafield, Ardrossan	68 Protestant boys (5-12 years).
South Park, Ascog	28 Protestant girls (5-15 years).

ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

(*a*) Administration and Number of Meals

On 31st May, 1972, there were 149 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to Jewish children. On an average day in May, 1972 (Monday, 8th May), the total number of dinners served was 60,409, of which 37,337 were supplied free.

Dinners only were supplied to pupils of ordinary schools and schools for handicapped children. In Nursery Schools, dinners and teas were served to children attending whole-time.

The meals were served in 400 dining rooms, 389 of which were on school premises, the remainder being in church and other halls.

The number of dinners prepared in kitchens, during the year ended 27th May, 1972, was 12,831,043, compared with 12,689,538 in 1971, 14,248,724 in 1970 and 17,373,992 in 1969.

(*b*) Footwear and Clothing

During the year 1st June, 1971, to 31st May, 1972, 2,065 children were provided with footwear and clothing, as compared with 1,711 during the previous twelve months. The Department of Health and Social Security continued to accept responsibility for the clothing requirements of children of their dependants.

(*c*) Milk Supplied to School Children

All milk supplied to schools, under the Milk in Schools Scheme, was Tuberculin-Tested (Pasteurised).

From the commencement of session 1971/72, up to the closure of schools for the Christmas vacation, free milk continued to be made available to all pupils in primary, special and nursery schools and occupational centres. From 5th January, 1972, the terms of the Education (Milk) Act, 1971, were applied and free milk was available only to pupils under the age of 7 years at 1st August, 1971, and to pupils who had been certified by School Medical Officers as requiring free milk. From April, 1972, milk was offered for sale in primary schools to those who wished it. During the year ending 31st July, 1971, the total number of milk rations issued was 23,149,165 and, on a typical day in January, 1971, 97·60 per cent of children present in primary schools received free milk. During the year ended 31st July, 1972, a total of 17,522,289 milk rations were issued: of these 16,293,135 were free issues and 1,229,154 were bought. The annual census, taken in January, 1972, showed that 46·5 per cent of all children present in primary, special and nursery schools and occupational centres received milk, but it should be noted that milk was not available on payment at that time.

Food Inspectors of the Health Department took 80 samples of milk for examination and, of that number, 3 failed to pass the coliform test. The average composition of samples was satisfactory at 3·78 per cent milk fat and 8·93 per cent non-fatty solids. Of 8 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

EDUCATION (MILK) ACT, 1971

School Medical Officers examined 28,868 children, in connection with the Act and certified that 7,956 (27·6 per cent) required free milk.

INVESTIGATION INTO RICKETS IN SCHOOL CHILDREN IN THE 8-15 AGE GROUP

(*Dr. J. P. Paton, Consultant Physician, Glasgow Royal Infirmary*)

My first experience of recent rickets in Glasgow was published in the *Scottish Medical Journal* 1962. 7. 159, and my first case was a Pakistani girl of about 14 years who complained of vague aches and pains in the limbs and walked like a duck (The Waddling Duck Syndrome).

I decided to re-investigate the problem of rickets during the late spring and early summer of 1972 and a total of 302 children were examined in the 8-15 age group. Clinical signs of rickets were remarkable for their absence. This may explain why rickets is so common all over Britain amongst the coloured community and yet is so difficult to detect clinically. In our group the only suggestive sympton admitted was the complaint of vague aches and pains. However, doctors from Newcastle have demonstrated one coloured immigrant with fracture of the pelvis due to rickets who made no particular complaint.

A dietetic survey was carried out. This revealed that as a result of using a flour with high extraction rate to make the widely eaten chapatis, Vitamin D intake in many children is roughly 60 per cent below recommended standards. Melted butter (Ghee) is used and as a result of the unsaturated fatty acids contained therein, absorption of Vitamin D, even if adequate in the diet, is interfered with. Indians and Pakistanis have a fondness for cereals and the phytic acid present in these interferes with the assimilation of important mineral salts. Due to racial and religious reasons, there is an inadequate use of milk which further diminishes the Vitamin D content in the diet. There is also for similar reasons a poor intake of meat.

The children were X-rayed for skeletal development and blood specimens were examined. The Haematologist reported a fairly high level of iron deficiency anaemia. There was found a high level of alkaline phosphatase, low calcium and low phosphorus in the blood specimens, showing that even where no obvious clinical symptoms prevailed, there were obvious biochemical signs of rickets in the group studied. X-ray results were less helpful as normal X-rays were found in certain children with definite biochemical evidence of rickets.

The survey leads to the conclusion that in these vulnerable groups

only biochemical studies can lead to early diagnosis of rickets. By the time that the child complains of pain, the condition is well advanced.

It is recommended that as a preventive measure, these children should be given a palatable syrup with both Vitamin B and D supplements, that this could best be carried out in school under the guidance of the School Health Service and I understand that such a project is already in hand.

My warmest thanks are extended to the Principal Medical Officer and Staff of the School Health Service, to the Teaching Staff of the schools concerned and to the members of the Dietitians, Biochemistry, Haematology and Radiography Departments of the Glasgow Royal Infirmary for the help and co-operation given by all during the investigation.

AUDIOMETRIC SURVEY UNIT REPORT

(Dr. Margaret Dunn, Assistant Principal Medical Officer)

The work of the Unit escalates each year, this past session being no exception. The staff continues to increase their individual expertise and two medical members have completed the developmental paediatric course in London which extends and complements the hearing assessment work with children. One audiology technician has completed part one of her training course and another part two, being now fully qualified.

One clinical audiometer and one sweep test machine have been purchased as replacement equipment this year. A tape of male and female voice using appropriate word lists has been made in co-operation with the scientific adviser, Royal National Institute for the Deaf, Glasgow, and two students from the College of Music and Drama. This will be extremely useful in the total battery of diagnostic procedures.

A survey was carried out in conjunction with the Consultants of Ruchill Hospital of children who had had aseptic meningitis over a ten-year period. The Unit carried out the hearing investigation. The amount of time spent on tracing the cases was quite out of proportion to the resulting number of people found. The exercise showed the population migration in this decade. The results have been published in the Archives of Disease in Childhood.

A survey was carried out of a list D school as regards hearing, involving sweep testing of the total school population and follow-up

of test failures. There were two cases requiring medical help, one of which was referred for hospital treatment.

A new venture was the holding of small group talks with parents of deaf and partially hearing children at a suitable venue where medical difficulties and problems could be discussed. It has been evident in the past that these parents have many problems which are difficult to resolve. The attendance at such has not been very encouraging, but it is intended to continue this type of meeting, in particular for the parents of the young deaf, and evaluate the results after another year.

An in-training day course for staff was held twice this year and the new aspects of children with hearing defects including techniques of testing and recording was discussed. At such functions it is interesting to note how much that is new has taken place in even a few years.

The computerisation of records is under way, and while this year has seen the initiation of the Scheme, it is hoped to gave a clearer picture of its functioning by next year.

It is always a privilege to outline the services offered by Glasgow in this field and I was honoured in being asked to speak of the work of the Survey Unit to the Conference of the National Deaf Children Society in Edinburgh in March and to the Refresher Course of the Society of Medical Officers of Health, Audiology Sub-group, at Manchester University in May. Much discussion followed both these papers and such is always thought provoking and stimulating and can generate ideas on management of resources and deployment of services.

Many visitors have seen the Unit and its equipment and have had demonstrations from the staff. These include medical hospital staff, general practitioners and student audiology technicians.

The head teachers of all schools have been, as always, most helpful to the Unit staff and special attention is made in this respect of the head teachers of the deaf and partially hearing schools. The Child Guidance Service, Speech Reading Unit and, in particular, the Special Schools Department of the Education Authority continue to demonstrate the ongoing happy linkage with our team.

The clerical section of the Department provides the background for the Unit's ability to cover the increasing volume of work and, to them and to all members of this hard-working Unit, I would express my sincere thanks.

DENTAL SECTION REVIEW

(Mr. Martyn L. H. Davies, Chief Dental Officer)

During the year the work of the Dental Section involved a considerable amount of co-operation with outside bodies. In conjunction with members of the University Staff, the following projects were arranged—a "black stain" study, an extended evaluation of the topical and systemic effects of fluoride tablets, the dental assessment and treatment of severely handicapped children, a lecture and clinic visit involving final year students and visits by 3rd/4th year students to schools over a three-week period to create a better understanding by students of children and by children of dental health. Co-operation with the Scottish Home and Health Department included among other things, the participation of three of our dental officers in an Adult Dental Health Survey of Scotland (220 sessions) and the preparation of reports on various subjects. At the request of the General Dental Council, a meeting was held of intending dental auxiliary students from various parts of the country. A small exhibition was also mounted for the occasion.

Courses and In-training :—Non-sponsored, three months evening University courses :—Business Management (C.D.O. and Depute), Public Relations (C.D.O.), Statistics in Medical Research (C.D.O.), Course for Professional People dealing with handicapped children (C.D.O., Depute and 2 D.O.'s.). Sponsored courses :—Preventive Dentistry (S.D.O.—3 days), Periodontology (C.D.O. and Depute—2 days) and Forensic Odontology (C.D.O.—one day). In-training :—A total of 90 sessions were spent by dental officers in joint consultation with our orthodontist as a form of in-training. Talks and demonstrations were given to dental officers and auxiliaries on resuscitation, modern materials and aids to dental health education.

Treatment of Handicapped Children :—This is undertaken by one of our mobile units, in normal clinics or for the severely handicapped, by the Department of Child Health in the Dental Hospital. During the year, a scheme was initiated to carry out daily electric toothbrushing for handicapped children. At present this is only done at Kelbourne School, but is is hoped eventually to extend the programme also to cover most of the other special schools. At Kelbourne where some of the City's most severely handicapped children attend, the project requires the services of both a dental auxiliary and a dental surgery assistant

for a minimum of two hours each day. The systematic brushing is enjoyed by the children and has resulted in a marked improvement in the poor gum condition usually associated with children of this type. Fluoride tablets are also issued daily to the children.

Prevention—The following schemes are in progress—the use of fissure sealant ; the treatment of all our clinic patients with Zircate (fluoride) paste ; the daily use of fluoride tablets by all 800 orthodontic patients and also by other selected patients ; the scheme already mentioned for handicapped children ; talks to approximately 30,000 children in schools and the supervision of school dental health projects.

As no National Health Service fees are payable to general dental practitioners for carrying out prevention, only a limited amount of work in this field can be done for children in private practice. As a result, the major proportion of the prevention has become the responsibility of the local authority dental service.

Equipment—In view of the increased danger from infective hepatitis, sufficient additional Day Heat sterilisers were purchased to replace any "boilers" still being used in our 31 surgeries. In accordance with our established policy of keeping the Dental Section facilities up-to-date, two more surgeries were redesigned and re-equipped during the year.

Records—A considerable amount of administrative time was spent revising the existing forms used in Glasgow for keeping dental records. The new forms have been approved by the Association of Chief Dental Officers and the Scottish Home and Health Department and are now in general use throughout Scotland.

PRESENT POSITION IN GLASGOW COMPARED WITH PREVIOUS ANNUAL REPORTS.

School Children :	1972	1971	1970	1969
No. of school children	169,716	175,234	175,118	174,392
No. requiring treatment 80% ...	135,773	140,872	140,094	139,514
No. treated by S.H.S.	27,859	26,024	25,747	23,285
No. treated by G.P's	65,933	70,470	70,541	71,019
Total treated	92,792	96,494	96,288	94,304
No. completely untreated	42,981	44,388	44,806	45,210

THE WORK OF THE OCCUPATIONAL THERAPY DEPARTMENT IN KELBOURNE SCHOOL

(*Miss Susan J. Weale—Senior Occupational Therapist.*)

During this year, every child has been treated at least twice a week in the Occupational Therapy Department. The treatment has followed the pattern of previous years with a few additional activities and undertakings, including the six-monthly detailed assessment of every child.

The children are taught through play to increase their co-ordination and range of movement, to perceive themselves as an integral part of all situations and to establish sound social relationships.

Emphasis is placed on practice in feeding, dressing and toiletting, especially with the younger children, while the older pupils learn cooking, homecraft, woodwork and other skills to equip them for their future.

ARRANGEMENTS FOR PHYSICAL EDUCATION

(*Mr. A. C. M. Johnston, Adviser in Physical Education*)

Staffing

Once again, we are happy to report that the supply of female staff has been adequate for the needs of secondary schools and some beginners expressed a willing desire to teach in primary schools, thus helping the teachers to understand the new methods and techniques required.

The supply of male teachers does not yet quite meet our requirements. This situation is created by the large number of our staff who have become Depute Head Teachers, Assistant Head Teachers and Principal Teachers of Guidance, hence cutting down the number of hours they spend in Physical Education.

Primary Schools

In-service courses for primary teachers were run in the East-End of the City on Inventive Movement, Expressive Movement and Games. Thanks to the help we received from the lecturing staff at Jordanhill College, these courses were very successful.

One of our most successful aspects in Physical Education is, without doubt, swimming ! We had an overwhelming list of applicants for our 12th Course on swimming for primary teachers which faced disaster at the outset. The school janitors in charge of school pools had a difference of opinion with the Corporation and decided to stop all work on the swimming pools. Fortunately, the Superintendent of Baths came to our rescue and put Drumchapel Baths at our disposal for the 10 nights of the Course—a gesture we did appreciate. The number of primary schools taking part in swimming is now 144.

Pupils with Special Needs

We have always tried to help with staffing in these schools where, nowadays, the facilities are very good. Head Teachers are quick to praise the contribution made by the Specialist Teacher.

Secondary Schools

The erection of a number of Games Halls on school sites has given the necessary impetus to quite a number of games, such as Basketball, Netball, Volleyball and Badminton, which are enjoying a new popularity. The halls have been made more attractive and acceptable by the installation of heating. The earlier construction failed to completely catch the pupils' imagination with their rather Spartan conditions; all the authorities were allowed to build at the time. We found, on keeping a check, that very often the temperature in the hall was lower than the air outside—fortunately, this has now been remedied.

Athletics has also got a boost, because there is no break in training, due to unfavourable weather conditions—it seems a pity that our athletic season is so short when there is such an improvement in our facilities.

Swimming also has improved, both from the numbers who can swim and the standards we have achieved at the Glasgow Swimming Championships Gala, held in Govanhill Baths. This is all due to the dedication of the Glasgow teachers who give unsparingly of their time to achieve such grand results.

Our thanks are due once again to the Education Committee who keep supporting our subject in providing such good facilities.

SURVEY OF HEIGHTS, WEIGHTS AND BODY MEASUREMENTS

(Dr. Patricia Mair)

While the design of classroom furniture has been changing over recent years and attention has been paid to the increase in growth of school children over the years until the 1960's when this began to level off, no thought was given to the body measurements of the child sitting at the desk, measurements which, if known, would enable desks, seats and classroom design to be suited and fashioned to the body dimension of the pupil.

The Furniture Industry Research Association undertook to carry out a survey in Britain, in order to discover standard measurements for children and our Service took part in the Survey.

Boys and girls from 2 years to 18 years of age were measured. Nursery schools and schools in various districts of the City were visited, in order to have as wide a representation as possible. Children were not selected, but taken in groups according to the convenience of the school staff. To keep the results as specific and valid as possible, all measurements were taken by the same team of school medical officer and public health nurse.

There were 14 measurements carried out for each child and the Tables on the next page show the average measurements for boys and girls under each heading for each age group.

	AGE		No. Measured	Standing Height	Weight	Sitting Height	Sitting Eye Height	Back of Buttocks to front of Knee	Back of Buttocks to Popliteus	Sole to Popliteus	Sole to Patella	Thigh Height	Sacral Height	Shoulder Blade Height	Elbow Height	Shoulder Width	Buttock Width
Boys	2— 3	...	(15)	35	30·75	20·5	16·75	10·5	8·75	8·5	9·25	3	5	9·5	5·25	9·5	7·75
	3— 4	...	(15)	37·75	33·25	22·5	18·25	11·25	9·25	9·25	10·25	3·25	5·75	10·5	6·25	9·75	7·75
	4— 5	...	(25)	40·75	38·25	23·75	19·5	12	9·75	10·25	11·25	3·25	6·25	11·25	6·25	10·25	8
	5— 6	...	(20)	44·5	45·5	24·75	20·5	14	11·5	11	12·25	3·25	6·5	11·25	5·75	10·75	8
	6— 7	...	(20)	47·25	50·75	26	22	14·75	12	11·5	13·25	4	7	12	7	11·5	8·75
	7— 8	...	(21)	49	56	27·25	22·5	14·75	12	13·75	14·5	3·5	7·25	12·75	6·75	11·5	9·75
	8— 9	...	(20)	49	53·75	27	22·75	14·75	12	13·25	14·25	3·75	7·5	12·5	6·5	11·25	9·25
	9—10	...	(20)	52·5	64·5	28·5	24·25	16·25	13	14	15·5	4	7·75	13·75	7·25	12·25	9·25
	10—11	...	(25)	54·5	71	29·25	25	16·75	13·5	15·25	16·25	3·75	7·75	13·75	7·5	12·5	10·25
	11—12	...	(25)	55·75	77·75	29·75	25·25	17·5	14·25	15·25	16·75	3·75	8·25	13·75	6·5	12·75	10·5
	12—13	...	(25)	61·75	101·25	32·5	28·25	19·25	15·25	16·25	18·25	4·5	9	15·75	8·25	14	11
	13—14	...	(25)	61·5	99·75	32·75	28·5	19·25	15·25	16·25	18·25	4·75	9·25	16·25	8·75	14	11
	14—15	...	(20)	64·75	120·5	34·25	30	20·5	16·5	17	19·25	5·25	9·5	17	9	14·75	12
	15—16	...	(20)	65·75	119·25	35	31	20·75	16·5	17·25	19·25	5·25	9·25	17	9·25	15	11·75
	16—17	...	(20)	68	129·25	35·25	31	21·75	17·5	17·75	20·25	5·5	9	17·75	9·5	15·5	12·5
	17—18	...	(20)	68	132·75	36·5	32·5	21·25	17	17·25	19·5	5·25	9·75	18·5	10	16	12·75
Girls	2— 3	...	(15)	34·75	28·5	20·25	16·5	10·75	9	8·5	9·25	3	5·25	9·5	5·5	9·25	7·25
	3— 4	...	(15)	38·5	34·5	23	19	11·25	9·25	9·25	10·75	3·25	6	10·75	6·5	9·75	8·25
	4— 5	...	(15)	41·5	39	23·25	19·5	13	10·5	10·5	11·75	3·5	6·5	11·5	6·5	10·5	8·5
	5— 6	...	(20)	44·75	47	24·75	21	14·5	12	11	12	3·75	6·5	11·75	6	11	8·75
	6 —7	...	(20)	47·5	51·75	26·25	22·25	15·25	12·5	12	13·5	4·25	7	12·5	6·25	11·75	9·5
	7— 8	...	(20)	47·75	53·5	26·75	22·75	15	12·25	12·75	13·5	3·75	7·25	13	7·5	11·25	9·5
	8— 9	...	(20)	51·5	60·5	28	23·5	16	13	14	15	3·75	7·75	13·5	6·75	11·5	9·5
	9—10	..	(20)	51·75	61·5	28	24	16·25	13	13·75	15·25	4	7·75	13·75	7	12	9·25
	10—11	...	(24)	54·5	73·5	29·25	24·75	17·25	14	14·75	16·25	4	8·25	14·5	7·5	12·75	11
	11—12	...	(25)	57·5	80·5	30·5	26·25	18·75	15·5	15·5	17·25	4·25	8·5	15	7·5	13	10·5
	12—13	...	(24)	60·5	95	32·5	28·5	19·25	15·75	61	17·75	4·5	8·75	15·75	8·25	13·5	11
	13—14	...	(25)	62·5	105·25	34	30	20	16	16·25	18·25	5	9·5	17·25	9·25	14	11·75
	14—15	...	(20)	62·75	113·25	33·75	29·5	20·5	16·5	16	18·25	5·25	9·25	17	9	14·5	12·5
	15—16	...	(20)	64	115·75	34·75	31	21·25	16·75	16·75	18·75	5·25	9·5	17	9·5	14·5	12·5
	16—17	...	(20)	63·75	121·75	34·5	30·5	20·75	17	16·25	18·5	5·75	9·25	17·75	9·5	14·75	12·75
	17—18	...	(19)	65	123·75	35·75	31·75	21	17	16·25	18·5	5·25	9·75	18	9·5	15·25	12·75

Weight in LBS. All other measurements in Inches.

TABLE 1

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTION

	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
No. of children examined ...	6,650	6,357	6,803	6,883	2,054	1,822	16,120	15,777	31,897
Clothing—									
Unsatisfactory	6	3	3	3	0	0	11	10	21
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Ragged	3	6	8	5	1	0	13	11	24
	(0·0)	(0·0)	(0·1)	(0 0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Dirty	14	14	15	16	0	0	35	33	68
	(0·2)	(0·2)	(0·2)	(0·2)	(0·0)	(0·0)	(0·2)	(0·2)	(0·2)
Totals	23	23	26	24	1	0	59	54	113
	(0·3)	(0·3)	(0·3)	(0·3)	(0·0)	(0·0)	(0·3)	(0·3)	(0·3)
Footwear—									
Unsatisfactory	12	7	17	4	0	0	32	15	47
	(0·1)	(0·1)	(0·2)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·1)
None	0	0	0	0	0	0	0	0	0
Totals	12	7	17	4	0	0	32	15	47
	(0·1)	(0·1)	(0·2)	(0·0)	(0·0)	(0·0)	(0·1)	(0 0)	(0·1)
Infective and Parasitic—									
Late effects of acute poliomyelitis	0	1	1	1	1	0	2	2	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Chickenpox	1	0	0	0	0	0	1	0	1
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Mumps	1	2	0	0	1	0	2	2	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Ringworm	0	1	21	7	5	1	28	10	38
	(0·0)	(0·0)	(0·3)	(0·1)	(0·2)	(0·0)	(0·1)	(0·0)	(0 1)
Threadworms	0	1	0	0	0	0	0	1	1
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Acquired Toxoplasmosis ...	0	0	0	1	0	0	0	1	1
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Pediculosis	150	298	313	566	18	15	508	931	1,439
	(2·2)	(4·6)	(4·6)	(8·2)	(0·8)	(0·8)	(3·1)	(5 9)	(4·5)
Scabies	12	12	12	11	0	0	25	25	50
	(0·1)	(0·1)	(0·1)	(0·1)	(0·0)	(0·0)	(0·1)	(0·1)	(0·1)
Common Cold	153	118	60	42	16	9	240	173	413
	(2·3)	(1·8)	(0·8)	(0·6)	(0·7)	(0·4)	(1·4)	(1·0)	(1·2)
Gastro-Enteritis	2	0	0	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Vaginitis or Vulvitis ...	0	1	0	1	0	0	0	2	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	319	434	407	629	41	25	808	1,147	1,955
	(4·7)	(6·8)	(5·9)	(9·1)	(1·9)	(1·3)	(5·0)	(7·2)	(6·1)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTION

	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
SKIN DISEASE—									
Molluscum Contagiosum ...	0	2	8	0	0	1	8	3	11
	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Warts or Verruca	45	33	89	119	10	15	149	173	322
	(0·6)	(0·5)	(1·3)	(1·7)	(0·4)	(0·8)	(0·9)	(1·0)	(1·0)
Haemangioma	3	6	3	4	1	0	7	11	18
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Boil or Carbuncle	4	2	4	2	1	0	9	4	13
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Cellulitis of Finger	0	0	3	1	1	0	4	1	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Impetigo	22	9	4	4	1	1	27	16	43
	(0·3)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·1)	(0·1)
Eczema (Unspecified) ...	34	25	30	20	7	4	79	51	130
	(0·5)	(0·3)	(0·4)	(0·2)	(0·3)	(0·2)	(0·4)	(0·3)	(0·4)
Eczema (due to Detergents)	1	0	1	3	0	0	2	3	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Eczema (specific agents) ...	3	6	0	6	1	0	5	13	18
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Ezcema (allergic)	28	19	13	13	3	1	46	37	83
	(0·4)	(0·2)	(0·1)	(0·1)	(0·1)	(0·0)	(0·2)	(0·2)	(0·2)
Dermatitis	2	0	2	5	3	1	7	6	13
	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)
Psoriasis	6	9	24	20	3	10	34	40	74
	(0·0)	(0·1)	(0·3)	(0·2)	(0·1)	(0·5)	(0·2)	(0·2)	(0·2)
Ichthyosis	15	7	10	10	3	5	29	22	51
	(0·2)	(0·1)	(0·1)	(0·1)	(0·1)	(0·2)	(0·1)	(0·1)	(0·1)
Keloid Scar	11	5	7	7	1	2	20	18	38
	(0·1)	(0·0)	(0·1)	(0·1)	(0·0)	(0·1)	(0·1)	(0·1)	(0·1)
Alopecia Areata	0	3	2	3	1	2	3	8	11
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)
Acne	1	0	77	219	290	164	374	389	763
	(0·0)	(0·0)	(1·1)	(3·1)	(14·1)	(9·0)	(2·3)	(2·4)	(2·3)
Other Diseases of Sebaceous Glands	5	0	2	3	6	3	13	6	19
	(0·0)	(0·0)	(0·0)	(0·0)	(0·2)	(0·1)	(0·0)	(0·0)	(0·0)
Urticaria	57	41	46	26	5	4	110	75	185
	(0·8)	(0·6)	(0·6)	(0·3)	(0·2)	(0·2)	(0·6)	(0·4)	(0·5)
Abrasions	8	4	8	3	5	0	25	7	32
	(0·1)	(0·0)	(0·1)	(0·0)	(0·2)	(0·0)	(0·1)	(0·0)	(0·1)
Hairy Mole or Pigmented Naevus	13	11	6	11	6	2	27	25	52
	(0·1)	(0·1)	(0·0)	(0·1)	(0·2)	(0·1)	(0·1)	(0·1)	(0·1)
Totals	258	182	339	479	348	215	978	908	1,886
	(3·8)	(2·8)	(4·9)	(6·9)	(16·9)	(11·8)	(6·0)	(5·7)	(5·9)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTION

	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
TEETH AND MOUTH—									
Impacted Teeth	1	0	3	10	2	1	6	12	18
	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Dental Caries	1,857	1,825	1,133	912	215	95	3,368	3,009	6,377
	(27·9)	(28·7)	(16·6)	(13·2)	(10·4)	(5·2)	(20·8)	(19·0)	(19·90)
Attrition of Teeth	5	1	0	0	0	0	5	1	6
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Disease of Teeth Tissues ...	1	1	0	0	0	0	1	1	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Dental Abscess	6	8	3	0	0	0	9	9	18
	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Stomatitis	0	1	3	2	1	1	4	4	8
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Cleft Palate	2	4	1	1	0	0	5	5	10
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Hare Lip	1	2	0	0	0	0	1	2	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Cleft Palate and Hare Lip	2	0	1	3	0	0	3	3	6
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	1,875	1,842	1,144	928	218	97	3,402	3,402	6,448
	(28·1)	(28·9)	(16·8)	(13·4)	(10·6)	(5·3)	(21·1)	(19·3)	(20·2
EAR, NOSE AND THROAT—									
Otitis Externa	3	1	2	6	1	0	6	7	13
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Otitis Media Acute ...	19	22	7	11	4	0	31	37	68
	(0·2)	(0·3)	(0·1)	(0·1)	(0·1)	(0·0)	(0·1)	(0·2)	(0·2)
Otitis Media Chronic Suppurative ...	13	9	37	30	1	2	54	43	97
	(0.1)	(0·1)	(0·5)	(0·4)	(0·0)	(0·1)	(0·3)	(0·2)	(0·3)
Other Infective Disease of Ear	3	4	3	2	0	1	6	8	14
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Wax in Ear	18	34	47	54	49	12	116	106	222
	(0·2)	(0·5)	(0·6)	(0·7)	(2·3)	(0·6)	(0·7)	(0·6)	(0·6)
Other Disease of Ear ...	3	3	4	5	4	0	12	9	21
	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTIONS

	Entrants		13-year-olds		16-year-olds		All ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
EAR NOSE AND THROAT—*Continued*									
Sinusitis	10	2	8	6	1	0	20	8	28
	(0·1)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)
Acute Tonsillitis	5	4	4	7	1	0	10	13	23
	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Tonsillar Hypertrophy ...	665	583	118	135	6	18	834	786	1,620
	(10·0)	(9·1)	(1·7)	(1·9)	(0·2)	(0·9)	(5·1)	(4·9)	(5·0)
Chronic Pharyngitis ...	1	1	1	1	0	0	2	2	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Chronic Nasopharyngitis ...	14	7	9	8	1	3	25	19	44
	(0·2)	(0·1)	(0·1)	(0·1)	(0·0)	(0·1)	(0·1)	(0·1)	(0·1)
Deflected Nasal Septem ...	0	1	6	4	4	0	10	5	15
	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)
Nasal Polyposis	0	0	0	0	3	0	3	0	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)
Hay Fever	2	2	22	9	9	6	33	17	50
	(0·0)	(0·0)	(0·3)	(0·1)	(0·4)	(0·3)	(0·2)	(·01)	(0·1)
Congenital Anomaly of Ear	1	1	0	0	0	0	1	1	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Epistaxis	3	2	2	1	0	0	5	3	8
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	760	676	270	279	84	42	1,168	1,064	2,232
	(11·4)	(10·6)	(3·9)	(4·0)	(4·0)	(2·3)	(7·2)	(6·7)	(6·9)
HEARING DEFECTS—									
Complete Hearing Loss ...	0	0	3	0	0	0	3	0	3
(Both ears)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Deafness in one ear									
Part Deafness in Other ...	1	1	4	0	1	0	6	2	8
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Deafness in One Ear ...	0	1	4	5	1	0	6	6	12
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Impaired Hearing									
(One or both Ears) ...	55	56	45	44	9	2	115	106	221
	(0·8)	(0·8)	(0·6)	(0·6)	(0·4)	(0·1)	(0·7)	(0·6)	(0·6)
Totals	56	58	56	49	11	2	130	114	244
	(0·8)	(0·9)	(0·8)	(0·7)	(0·5)	(0·1)	(0·8)	(0·7)	(0·7)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTIONS

	Entrants		13-Year-Olds		16-Year-Olds		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
EYES—									
Conjunctivitis	4	5	6	2	0	0	10	8	18
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Blepharitis	35	26	56	50	14	7	108	84	192
	(0·5)	(0·4)	(0·8)	(0·7)	(0·6)	(0·3)	(0·6)	(0·5)	(0·6)
Stye	2	4	3	6	0	0	5	10	15
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Corneal Ulcer	1	2	0	1	0	0	1	3	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Other Infective Eye Disease	0	0	0	1	0	0	0	1	1
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Refractive Errors (All)	222	228	750	804	243	303	1,257	1,387	2,644
	(3·3)	(3·5)	(11·0)	(11·6)	(11·8)	(16·6)	(7·7)	(8·7)	(8·2)
Corneal Opacity	0	1	2	1	1	0	3	2	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Strabismus	215	200	61	58	6	9	294	287	581
	(3·2)	(3·1)	(0·8)	(0·8)	(0·2)	(0·4)	(1·8)	(1·8)	(1·8)
Vascular Lesions of Retina	0	0	1	1	0	0	1	1	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Colour Blindness	109	21	261	21	74	8	452	52	504
	(1·6)	(0·3)	(3·8)	(0·3)	(3·6)	(0·4)	(2·8)	(0·3)	(1·5)
Chalazion	2	0	0	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Other Diseases of Eye	2	4	7	3	0	2	9	10	19
	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)
Blindness (Both Eyes)	1	0	1	0	2	0	4	0	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Blindness (One Eye)	2	3	14	5	4	1	21	11	32
	(0·0)	(0·0)	(0·2)	(0·0)	(0·1)	(0·0)	(0·1)	(0·0)	(0·1)
Nystagmus	5	0	1	2	0	0	6	2	8
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	600	494	1,163	955	344	330	2,173	1,858	4,031
	(9·0)	(7·7)	(17·0)	(13·8)	(16·7)	(18·1)	(13·4)	(11·7)	(12·6)
SPEECH—									
All Speech Defectes	195	95	37	15	4	1	251	124	375
	(2·9)	(1·4)	(0·5)	(0·2)	(0·1)	(0·0)	(1·5)	(0·7)	(1·1)

TABLE I—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTIONS

	Entrants		13-Year-Olds		16-Year-Olds		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
LUNGS—									
Primary Tuberculous Complex	1	0	1	1	0	0	2	1	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Acute Bronchitis	70	41	8	2	0	0	83	46	129
	(1·0)	(0·6)	(0·1)	(0·0)	(0·0)	(0·0)	(0·5)	(0·2)	(0·4)
Influenza (Unqualified) ...	1	0	1	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Chronic Bronchitis	17	16	8	7	3	1	29	25	54
	(0·2)	(0·2)	(0·1)	(0·1)	(0·1)	(0·0)	(0·1)	(0·1)	(0·1)
Asthma	72	37	113	36	26	5	221	81	302
	(1·0)	(0·5)	(1·6)	(0·5)	(1·2)	(0·2)	(1·3)	(0·5)	(0·9)
Totals	161	94	131	46	29	6	337	153	490
	(2·4)	(1·4)	(1·9)	(0·6)	(1·4)	(0·3)	(2·0)	(0·9)	(1·5)
HEART AND CIRCULATION—									
Iron Deficiency Anaemia ...	9	14	2	15	0	5	11	35	46
	(0·1)	(0·2)	(0·0)	(0·2)	(0·0)	(0·2)	(0·0)	(0·2)	(0·1)
Anaemia (Unspecified) ...	4	12	2	1	0	2	7	17	24
	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·1)	(0·0)
Haemophilia	0	0	0	1	0	0	1	1	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Christmas Disease	0	0	2	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Allergic Purpura	0	3	0	1	0	0	0	4	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Chronic Rheumatic Heart Disease	0	1	4	9	1	1	5	11	16
	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Fallot's Tetralogy	1	1	3	0	0	0	4	1	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Interventricular Septal Defect	11	6	4	2	0	0	16	8	24
	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Interatrial Septal Defect ...	1	1	2	4	0	0	3	5	8
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Other Malformation of Heart	5	5	7	9	3	1	15	15	30
	(0·0)	(0·0)	(0·1)	(0·1)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)
Patent Ductus Arteriousus ...	0	4	0	2	0	0	0	7	7
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	31	47	26	44	4	9	64	104	168
	(0·4)	(0·7)	(0·3)	(0·6)	(0·1)	(0·4)	(0·3)	(0·6)	(0·5)
ORTHOPAEDIC									
Osteochondrosis of Hip ...	2	3	4	1	0	0	6	4	10
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Osteochondrosis, Other ...	0	0	4	1	0	1	4	2	6
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Bunion	1	0	2	3	0	3	3	6	9
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)
Bursitis Synovitis	0	0	3	0	0	2	3	2	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTIONS

ORTHOPAEDIC—*continued*	Entrants		13-Year-Olds		16-Year-Olds		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Infective Myositis, etc. ...	0	1	0	0	0	2	0	3	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)
Curvature of Spine (not congenital)	4	8	37	23	13	13	56	49	105
	(0·0)	(0·1)	(0·5)	(0·3)	(0·6)	(0·7)	(0·3)	(0·3)	(0·3)
Flat Foot (not congenital) ...	70	54	35	37	15	14	124	111	235
	(1·0)	(0·8)	(0·5)	(0·5)	(0·7)	(0·7)	(0·7)	(0·7)	(0·7)
Halux Valgus (not congenital)	2	4	3	19	3	9	8	35	43
	(0·0)	(0·0)	(0·0)	(0·2)	(0·1)	(0·4)	(0·0)	(0·2)	(0·1)
Halux Rigidis, etc.	40	55	9	21	2	2	55	80	135
	(0·6)	(0·8)	(0·1)	(0·3)	(0·0)	(0·1)	(0·3)	(0·5)	(0·4)
Club Foot	4	2	2	1	0	0	7	3	10
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Congenital Dislocation of Hip	0	2	1	2	0	0	1	4	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Other Congenital Anomaly Lower Limb	15	28	9	12	0	1	25	41	66
	(0·2)	(0·4)	(0·1)	(0·1)	(0·0)	(0·0)	(0·1)	(0·2)	(0·2)
Congenital Anomaly of Spine	2	3	4	4	1	4	7	11	18
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·2)	(0·0)	(0·0)	(0·0)
Unspecified Anomaly of Musculo-Skeletal System	6	10	17	41	4	14	27	67	94
	(0·0)	(0·1)	(0·2)	(0·5)	(0·1)	(0·7)	(0·1)	(0·4)	(0·2)
Swelling of Joint	1	0	1	2	1	1	3	3	6
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	147	170	131	167	39	66	329	421	750
	(2·2)	(2·6)	(1·9)	(2·4)	(1·8)	(3·6)	(2·0)	(2·6)	(2·3)
UROGENITAL CONDITIONS—									
Nephrotic Syndrome ...	1	0	1	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Chronic Nephritis	1	1	0	1	0	0	1	2	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Infections of Kidney ...	4	12	1	7	0	0	5	19	24
	(0·0)	(0·1)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)
Other Pyelonephritis ...	0	2	0	1	0	0	0	3	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Hydronephrosis	0	1	1	0	1	0	2	1	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Renal Dwarfism	2	0	0	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Cystitis, etc.	4	9	0	4	0	1	4	15	19
	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Hydrocele	4	0	0	0	0	0	4	0	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Phimosis	3	0	1	0	0	0	4	0	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Undescended Testes... ...	59	0	13	0	0	0	79	0	79
	(0·8)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)	(0·4)	(0·0)	(0·2)
Hydrospadias	3	0	1	0	0	0	4	0	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	81	25	18	13	1	1	107	40	147
	(1·2)	(0·3)	(0·2)	(0·1)	(0·0)	(0·0)	(0·6)	(0·2)	(0·4)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTIONS

	Entrants		13-Year-Olds		16-Year-Olds		All Ages		
	Boys	Girls	Boys	Girls	Bous	Girls	Boys	Girls	Total
EMOTIONAL—									
Anxiety Neurosis	6	6	3	5	0	1	9	13	22
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Emotional Instability ...	6	4	5	0	0	1	11	5	16
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Aggressiveness	2	0	0	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Passive Dependency ...	4	2	0	0	0	0	4	2	6
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Anxiety State	2	2	0	0	0	1	2	3	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Nightmares	1	2	0	0	0	0	1	2	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Enuresis	319	294	30	12	1	0	368	331	699
	(4·7)	(4·6)	(0·4)	(0·1)	(0·0)	(0·0)	(2·2)	(2·0)	(2·1)
Encopresis	13	2	0	0	0	0	13	2	15
	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Transient Situational Disturbance	6	6	3	1	0	2	9	9	18
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·1)	(0·0)	(0·0)	(0·0)
Behaviour Disorder (tantrums)	14	5	0	3	0	0	15	8	23
	(0·2)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	373	323	41	21	1	5	434	375	809
	(5·6)	(5·0)	(0·6)	(0·3)	(0·0)	(0·2)	(2·6)	(2·3)	(2·5)
NEUROLOGICAL—									
Meningitis (H. Influenzae) ...	1	0	0	0	0	0	1	0	1
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Hydrocephalus (acquired) ...	1	2	0	0	0	0	2	3	5
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Progressive Muscular Atrophy	0	1	2	0	0	0	2	1	3
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Hereditary Spinal Ataxia ...	0	0	1	0	0	0	2	0	2
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Cerebral Palsy (congenital)	7	7	2	6	0	0	13	15	28
	(0·1)	(0·1)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Cerebral Palsy (unspecified causes) ...	3	1	3	2	0	1	6	5	11
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Epilepsy (Petit Mal) ...	7	8	8	11	1	2	17	22	39
	(0·1)	(0·1)	(0·1)	(0·1)	(0·0)	(0·1)	(0·1)	(0·1)	(0·1)
Epilepsy (Grand Mal) ...	5	8	12	8	1	1	20	18	38
	(0·0)	(0·1)	(0·1)	(0·1)	(0·0)	(0·0)	(0·1)	(0·1)	(0·1)
Status Epilepticus	0	0	1	0	0	0	1	0	1
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Epilepsy (Jacksonian) ...	0	0	3	1	0	1	3	3	6
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Migraine	0	0	16	8	2	4	19	14	33
	(0·0)	(0·0)	(0·2)	(0·1)	(0·0)	(0·2)	(0·1)	(0·0)	(0·1)
Bell's Palsy	2	0	0	1	1	0	3	1	4
	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
Totals	26	27	48	37	5	9	89	82	171
	(0·3)	(0·4)	(0·7)	(0·5)	(0·2)	(0·4)	(0·5)	(0·5)	(0·5)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTION

	Entrants		13-Year-Olds		16-Year-Olds		All Ages		
MENTAL RETARDATION—	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Borderline Mental Retardation (following infections) ...	2 (0·0)	1 (0·0)	28 (0·4)	28 (0·4)	1 (0·0)	0 (0·0)	53 (0·3)	43 (0·2)	96 (0·3)
Borderline Mental Retardation (following trauma) ...	0 (0·0)	2 (0·0)	1 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	4 (0·0)	5 (0·0)
Borderline Mental Retardation (with disorders of metabolism, nutrition and growth) ...	0 (0·0)	0 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	2 (0·0)	0 (0·0)	2 (0·0)
Borderline Mental Retardation (associated with diseases and conditions due to (unknown) prenatal influence)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	1 (0·0)
Borderline Mental Retardation (associated with prematurity)	1 (0·0)	0 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	3 (0·0)	0 (0·0)	3 (0·0)
Borderline Mental Retardation (with psycho-social (environmental) deprivation	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	1 (0·0)
Borderline Mental Retardation (other and unspecified) ...	3 (0·0)	1 (0·0)	29 (0·4)	16 (0·2)	0 (0·0)	0 (0·0)	33 (0·2)	18 (0·1)	51 (0·1)
Mild Mental Retardation (following infections) ...	1 (0·0)	2 (0·0)	11 (0·1)	8 (0·1)	0 (0·0)	0 (0·0)	17 (0·1)	23 (0·1)	40 (0·1)
Mild Mental Retardation (following trauma) ...	0 (0·0)	1 (0·0)	5 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	5 (0·0)	1 (0·0)	6 (0·0)
Mild Mental Retardation (with disorders of metabolism, nutrition and growth) ...	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)	2 (0·0)
Mild Mental Retardation (with chromosomal abnormalities)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)
Mild Mental Retardation (associated with prematurity)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)
Mild Mental Retardation (with psycho-social (environmental) deprivation)	1 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)	2 (0·0)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTION

	Entrants		13-Year-Olds		16-Year-Olds		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
MENTAL RETARDATION *Continued*—									
Mild Mental Retardation (other and unspecified) ...	1 (0·0)	1 (0·0)	11 (0·1)	14 (0·2)	0 (0·0)	0 (0·0)	12 (0·0)	16 (0·1)	28 (0·0)
Moderate Mental Retardation (following infections) ...	2 (0·0)	3 (0·0)	4 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	6 (0·0)	6 (0·0)	12 (0·0)
Moderate Mental Retardation (following trauma) ...	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	1 (0·0)
Moderate Mental Retardation (associated with diseases and conditions due to (unknown) prenatal influences)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)	2 (0·0)
Moderate Mental Retardation (with chromosomal abnormalities)	1 (0·0)	2 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	4 (0·0)	2 (0·0)	6 (0·0)
Moderate Mental Retardation (associated with prematurity)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)
Moderate Mental Retardation (with psycho-social (environmental) deprivation)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	1 (0·0)
Moderate Mental Retardation (other and unspecified) ...	1 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	2 (0·0)	0 (0·0)	2 (0·0)
Severe Mental Retardation (associated with gross brain disease (post-natal)) ...	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 (0·0)
Severe Mental Retardation (with chromosomal abnormalities)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	2 (0·0)	0 (0·0)	2 (0·0)
Unspecified Mental Retardation (following infections)	0 (0·0)	0 (0·0)	7 (0·1)	4 (0·0)	0 (0·0)	0 (0·0)	7 (0·0)	4 (0·0)	11 (0·0)
Unspecified Mental Retardation (with chromosomal abnormalities)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	1 0·0)
Totals	15 (0·2)	17 (0·2)	107 (1·5)	76 (1·1)	1 (0·0)	0 (0·0)	154 (0·9)	125 (0·7)	279 (0·8)

TABLE 1—*Continued*

NUMBERS AND PERCENTAGES OF CHILDREN FOUND WITH DEFECTS AT ROUTINE MEDICAL INSPECTIONS

	Entrants		13-Year-Olds		16-Year-Olds		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
OTHER DISEASES AND DEFECTS—									
Simple Goitre (unspecified)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	2 (0·0)	2 (0·0)
Cretinism	1 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	2 (0·0)	1 (0·0)	3 (0·0)
Myxodema	0 (0·0)	0 (0·0)	0 (0·0)	2 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	3 (0·0)	3 (0·0)
Diabetes Mellitus	0 (0·0)	3 (0·0)	2 (0·0)	3 (0·0)	2 (0·0)	3 (0·1)	5 (0·0)	9 (0·0)	14 (0·0)
Vitamin D Deficiency ...	0 (0·0)	1 (0·0)	0 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	4 (0·0)	4 (0·0)
Malnutrition	9 (0·1)	12 (0·1)	8 (0·1)	9 (0·1)	1 (0·0)	0 (0·0)	18 (0·1)	22 (0·1)	40 (0·1)
Coeliac Disease	12 (0·1)	11 (0·1)	7 (0·1)	2 (0·0)	1 (0·0)	2 (0·1)	20 (0·1)	16 (0·1)	36 (0·1)
Underweight	45 (0·6)	60 (0·9)	35 (0·5)	26 (0·3)	3 (0·1)	2 (0·1)	85 (0·5)	90 (0·5)	175 (0·5)
Obesity	21 (0·3)	52 (0·8)	174 (2·5)	264 (3·8)	42 (2·0)	108 (5·9)	242 (1·5)	434 (2·7)	676 (2·1)
Inguinal Hernia	11 (0·1)	0 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	15 (0·0)	0 (0·0)	15 (0·0)
Umbilical Hernia	9 (0·1)	4 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	9 (0·0)	4 (0·0)	13 (0·0)
Constipation	2 (0·0)	2 (0·0)	1 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	3 (0·0)	3 (0·0)	6 (0·0)
Swollen Glands	62 (0·9)	38 (0·5)	10 (0·1)	11 (0·1)	0 (0·0)	0 (0·0)	82 (0·5)	51 (0·3)	133 (0·4)
Debility Undue fatigue ...	17 (0·2)	13 (0·2)	14 (0·2)	15 (0·2)	0 (0·0)	1 (0·0)	34 (0·2)	29 (0·1)	63 (0·1)
Miscellaneous	80 (1·2)	66 (1·0)	57 (0·8)	63 (0·9)	7 (0·3)	15 (0·8)	154 (0·9)	154 (0·9)	308 (0·9)
Totals	269 (4·0)	263 (4·1)	310 (4·5)	399 (5·7)	57 (2·7)	133 (7·2)	669 (4·1)	822 (5·2)	1,491 (4·6)
ALL DEFECTS—									
Total	5,168 (77·7)	4,750 (74·7)	4,228 (62·1)	4,137 (60·1)	1,187 (57·7)	941 (51·6)	11,093 (68·8)	10,383 (65·8)	21,476 (67·3)

TABLE 2

NUMBERS AND PERCENTAGES (BY SOCIAL CLASS) OF CHILDREN SUFFERING FROM DEFECTS

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
No. Examined	M	93	643	2,198	1,887	794	1,035	156	824	2,213	1,950	501	1,159	125	569	693	441	70	156	383	2,100	5,279	4,424	1,434	2,500	16,120
	F	136	611	2,066	1,837	671	1,036	203	879	2,160	1,929	517	1,195	135	568	538	350	83	148	491	2,138	4 967	4,306	1,339	2,536	15,777
Clothing	M	0	0	1	3	1	1	0	0	2	0	0	1	0	0	0	0	0	0	0	0	3	5	1	2	11
Unsatisfactory		0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0
	F	0	0	0	1	0	2	0	0	1	0	1	1	0	0	0	0	0	0	0	0	3	1	1	5	10
		0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
Clothing Ragged	M	0	0	0	0	2	1	0	0	0	1	1	6	0	1	0	0	0	0	0	1	0	2	3	7	13
		0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·1	0·5	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·2	0·0
	F	0	0	0	2	4	0	0	1	2	0	0	2	0	0	0	0	0	0	0	1	2	2	4	2	11
		0·0	0·0	0·0	0·1	0·5	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0
Clothing Dirty	M	0	0	1	4	3	6	0	0	1	5	3	6	0	0	0	0	0	0	0	0	3	9	8	15	35
		0·0	0·0	0·0	0·2	0·3	0·5	0·0	0·0	0·0	0·2	0·5	0·5	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·5	0·6	0·2
	F	0	0	3	3	4	4	0	1	1	3	2	9	0	0	0	0	0	0	0	1	5	6	6	15	33
		0·0	0·0	0·1	0·1	0·5	0·3	0·0	0·1	0·0	0·1	0·3	0·7	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·4	0·5	0·2
Totals	M	0	0	2	7	6	8	0	0	3	6	4	13	0	1	0	0	0	0	0	1	6	16	12	24	59
		0·0	0·0	0·0	0·3	0·7	0·7	0·0	0·0	0·1	0·3	0·7	1·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·3	0·8	0·9	0·3
	F	0	0	3	6	8	6	0	2	4	3	3	12	0	0	0	0	0	0	0	2	10	9	11	22	54
		0·0	0·0	0·1	0·3	1·1	0·5	0·0	0·2	0·1	0·1	0·5	1·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·2	0·8	0·8	0·3
Footwear	M	0	0	0	2	3	7	0	1	3	4	2	7	0	0	0	0	0	0	0	1	3	7	5	16	32
Unsatisfactory		0·0	0·0	0·0	0·1	0·3	0·6	0·0	0·1	0·1	0·2	0·3	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·3	0·6	0·1
	F	0	0	1	2	1	3	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	2	3	8	15
		0·0	0·0	0·0	0·1	0·1	0·2	0·0	0·0	0·0	0·0	0·3	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·3	0·0
Footwear None	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	0	0	0	2	3	7	0	1	3	4	2	7	0	0	0	0	0	0	0	1	3	7	5	16	32
		0·0	0·0	0·0	0·1	0·3	0·6	0·0	0·1	0·1	0·2	0·3	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·3	0·6	0·1
	F	0	0	1	2	1	3	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	2	3	8	15
		0·0	0·0	0·0	0·1	0·1	0·2	0·0	0·0	0·0	0·0	0·3	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·3	0·0

Infective and Parasitic—

Late Effects of Poliomyelitis	M	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	1	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0 0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	1	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Chickenpox	M	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0.0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Mumps	M	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Ringworm	M	0	0	0	0	0	0	1	3	9	5	1	2	0	0	2	2	1	0	1	4	12	7	2	2	28
		0·0	0·0	0·0	0·0	0·0	0·0	0·6	0·3	0·4	0·2	0·1	0·1	0·0	0·0	0·2	0·4	1·4	0·0	0·2	0·1	0·2	0·1	0·1	0·0	0·1
	F	0	0	0	1	0	0	0	1	3	1	0	2	0	0	0	1	0	0	0	1	3	3	0	3	10
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
Threadworms	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Acquired Toxoplasmosis	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	1·0	0·0	0·0	0·0	1·0
Pediculosis	M	1	2	35	32	37	43	1	7	75	91	33	106	0	2	7	3	2	4	2	11	123	129	78	165	508
		1·0	0·3	1·5	1·6	4·6	4·1	0·6	0·8	3·3	4·6	6·5	9·1	0·0	0·3	1·0	0·6	2·8	2·5	0·5	0·5	2·3	2·9	5·4	6·6	3·1
	F	0	7	59	76	62	94	0	19	147	165	68	167	0	2	8	3	2	0	2	29	226	254	141	279	931
		0·0	1·1	2·8	4·1	9·2	9·0	0·0	2·1	6·8	8·5	13·1	13·9	0·0	0·3	1·4	0·8	2·4	0·0	0·4	1·3	4·5	5·8	10·5	11·0	5·9
Scabies	M	0	0	3	3	1	5	0	0	3	3	2	4	0	0	0	0	0	0	0	0	6	6	3	10	25
		0·0	0·0	0·1	0·1	0·1	0·4	0·0	0·0	0·1	0·1	0·3	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·2	0·4	0·1
	F	0	0	4	2	1	5	0	0	3	2	3	3	0	0	0	0	0	0	0	0	9	4	4	8	25
		0·0	0·0	0·1	0·1	0·1	0·4	0·0	0·0	0·1	0·1	0·5	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·2	0·3	0·1
Common Cold	M	3	18	38	56	15	23	0	5	21	18	5	11	0	6	6	3	0	1	4	32	66	80	21	37	240
		3·2	2·7	1·7	2·9	1·8	2·2	0·0	0·6	0·9	0·9	0·9	0·9	0·0	1·0	0·8	0·6	0·0	0·6	1·0	1·5	1·2	1·8	1·4	1·4	1·4
	F	11	10	27	33	16	21	4	8	13	11	2	4	0	5	1	2	1	0	15	23	41	46	20	28	173
		8·0	1·6	1·3	1·7	2·3	2·0	1·9	0·9	0·6	0·5	0·3	0·3	0·0	0·8	0·1	0·5	1·2	0·0	3·0	1·0	0·8	1·0	1·4	1·1	1·0

TABLE 2—*Continued*

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Infective and Parasitic—*Continued*																										
Gastro-enteritis	M	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Vaginitis or Vulvitis	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·4	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	4	20	77	94	53	71	2	15	108	117	42	123	0	10	15	8	3	5	7	49	208	225	105	214	808
		4·3	3·1	3·5	4·9	6·6	6·8	1·2	1·8	4·8	6·0	8·3	10·6	0·0	1·7	2·1	1·8	4·2	3·2	1·8	2·3	3·9	5·0	7·3	8·5	5·0
	F	11	18	91	114	80	120	5	28	167	179	73	177	0	7	9	6	3	0	18	54	281	309	166	319	1,147
		8·0	2·9	4·4	6·2	11·9	11·5	2·4	3·1	7·7	9·2	14·1	14·8	0·0	1·2	1·6	1·7	3·6	0·0	3·6	2·5	5·6	7·1	12·3	12·5	7·2
Skin Disease—																										
Molluscum Contagiosum	M	0	0	0	0	0	0	0	1	0	3	1	3	0	0	0	0	0	0	0	1	0	3	1	3	8
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·1	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
	F	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	1	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Warts or Verruca	M	0	3	14	12	5	11	1	4	33	34	5	12	0	4	3	2	0	1	1	11	52	50	11	24	149
		0·0	0·4	0·6	0·6	0·6	1·0	0·6	0·4	1·4	1·7	0·9	1·0	0·0	0·7	0·4	0·4	0·0	0·6	0·2	0·5	0·9	1·1	0·7	0·9	0·9
	F	1	1	9	12	7	3	1	17	48	32	8	13	1	5	4	2	3	0	3	23	62	48	21	16	173
		0·7	0·1	0·4	0·6	1·0	0·2	0·4	1·9	2·2	1·6	1·5	1·0	0·7	0·8	0·7	0·5	3·6	0·0	0·6	1·0	1·2	1·1	1·5	0·6	1·0
Haemangioma	M	0	0	1	2	0	0	0	0	0	2	0	1	0	0	1	0	0	0	0	0	2	4	0	1	7
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	4	1	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	2	4	3	0	2	11
		0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Boil or Carbuncle	M	0	0	2	2	0	0	0	0	1	3	0	0	0	0	1	0	0	0	0	0	4	5	0	0	9
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0 0	0 0	0·0
	F	0	0	0	2	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	2	0	1	4
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Cellulitis of finger	M	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	1	0	0	0	1	0	2	0	1	4
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
		0·0	0·0	0·0	0·0	0 0	0 0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

Impetigo	M	0	1	6	6	4	5	0	0	0	1	2	1	0	0	0	1	0	0	0	1	6	8	6	6	27
		0·0	0·1	0·2	0·3	0·5	0·4	0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·1	0·1	0·4	0·2	0·1
	F	0	0	2	4	1	2	0	0	1	1	1	1	0	1	0	0	0	0	0	1	3	5	2	5	16
		0·0	0·0	0·0	0·2	0·1	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·1	0·1
Eczema	M	0	4	11	7	5	7	0	3	13	8	2	4	0	4	2	0	0	1	0	12	27	18	8	14	79
(Unspecified)		0·0	0·6	0·5	0·3	0·6	0·6	0·0	0·3	0·5	0·4	0·3	0·3	0·0	0·7	0·2	0·0	0·0	0·6	0·0	0·5	0·5	0·4	0·5	0·5	0·4
	F	2	2	7	4	5	5	1	4	3	7	0	5	0	0	2	1	0	1	3	6	13	13	5	11	51
		1·4	0·3	0·3	0·2	0·7	0·4	0·4	0·4	0·1	0·3	0·0	0·4	0·0	0·0	0·3	0·2	0·0	0·6	0·6	0·2	0·2	0·3	0·3	0·4	0·3
Eczema (due	M	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
to detergents		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	2	1	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Eczema	M	0	0	2	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	2	0	0	5
(specific agents)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	1	0	2	2	0	1	0	1	0	3	0	2	0	0	0	0	0	0	1	1	2	5	0	4	13
		0·7	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·1	0·0	0·1	0·0
Ezcema	M	0	3	9	6	8	2	0	4	5	3	1	0	0	1	2	0	0	0	0	8	16	10	9	3	46
(allergic)		0·0	0·4	0·4	0·3	1·0	0·1	0·0	0·4	0·2	0·1	0·1	0·0	0·0	0·1	0·2	0·0	0·0	0·0	0·0	0·3	0·3	0·2	0·6	0·1	0·2
	F	5	3	7	4	0	0	1	5	4	2	0	1	0	0	0	1	0	0	6	8	12	7	1	3	37
		3·6	0·4	0·3	0·2	0·0	0·0	0·4	0·5	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	1·2	0·3	0·2	0·1	0·0	0·1	0·2
Dermatitis	M	0	0	0	0	1	1	0	1	0	0	1	0	1	1	1	0	0	0	1	2	1	0	2	1	7
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·1	0·0	0·0	0·1	0·0	0·8	0·1	0·1	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·1	0·0	0·0
	F	0	0	0	0	0	0	0	0	1	4	0	0	0	0	0	1	0	0	0	0	1	5	0	0	6
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0
Psoriasis	M	0	1	1	2	0	2	0	2	7	7	2	6	0	0	1	1	1	0	0	3	9	10	3	9	34
		0·0	0·1	0·0	0·1	0·0	0·1	0·0	0·2	0·3	0·3	0·3	0·5	0·0	0·0	0·1	0·2	1·4	0·0	0·0	0·1	0·1	0·2	0·2	0·3	0·2
	F	0	1	2	2	2	2	0	6	2	9	1	2	0	4	3	0	1	2	0	11	7	11	4	7	40
		0·0	0·1	0·0	0·1	0·2	0·1	0·0	0·6	0·0	0·4	0·1	0·1	0·0	0·7	0·5	0·0	1·2	1·3	0·0	0·5	0·1	0·2	0·2	0·2	0·2
Ichthyosis	M	0	2	6	4	1	2	0	1	5	0	3	1	0	1	1	1	0	0	0	4	13	5	4	3	29
		0·0	0·3	0·2	0·2	0·1	0·1	0·0	0·1	0·2	0·0	0·5	0·0	0·0	0·1	0·1	0·2	0·0	0·0	0·0	0·1	0·2	0·1	0·2	0·1	0·1
	F	0	0	5	2	0	0	0	0	1	6	2	1	0	5	0	0	0	0	0	5	6	8	2	1	22
		0·0	0·0	0·2	0·1	0·0	0·0	0·0	0·0	0·0	0·3	0·3	0·0	0·0	0·8	0·0	0·0	0·0	0·0	0·0	0·2	0·1	0·1	0·1	0·0	0·1
Keloid Scar	M	1	0	4	3	0	3	0	0	3	1	0	3	0	0	1	0	0	0	1	0	8	4	0	7	20
		1·0	0·0	0·1	0·1	0·0	0·2	0·0	0·0	0·1	0·0	0·0	0·2	0·0	0·0	0·1	0·0	0·0	0·0	0·2	0·0	0·1	0·0	0·0	0·2	0·1
	F	0	1	0	3	0	1	0	0	3	2	0	2	0	1	0	1	0	0	0	2	6	7	0	3	18
		0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·1	0·0	0·1	0·0	0·2	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·1	0·1

TABLE 2—*Continued*

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Skin Disease—Continued																										
Alopecia	M	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	1	1	1	0	0	3
Areata		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	1	1	0	1	0	0	1	1	0	1	0	1	0	0	0	2	0	2	2	2	0	8
		0·0	0·0	0·0	0·0	0·1	0·0	0·4	0·0	0·0	0·0	0·1	0·0	0·7	0·0	0·1	0·0	0·0	0·0	0·4	0·0	0·0	0·0	0·1	0·0	0·0
Acne	M	0	1	0	0	0	0	4	10	26	21	6	10	16	82	94	62	14	22	20	93	123	85	20	33	374
		0·0	0·1	0·0	0·0	0·0	0·0	2·5	1·2	1·1	1·0	1·1	0·8	12·8	14·4	13·5	14·0	20·0	14·1	5·2	4·4	2·3	1·9	1·3	1·3	2·3
	F	0	0	0	0	0	0	8	45	66	53	15	32	21	56	41	33	5	8	29	102	110	87	21	40	389
		0·0	0·0	0·0	0·0	0·0	0·0	3·9	5·1	3·0	2·7	2·9	2·6	15·5	9·8	7·6	9·4	6·0	5·4	5·9	4·7	2·2	2·0	1·5	1·5	2·4
Other Disease	M	0	1	0	1	0	3	0	0	1	1	0	0	2	1	3	0	0	0	2	2	4	2	0	3	13
of Sebaceous		0·0	0·1	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	1·6	0·1	0·4	0·0	0·0	0·0	0·5	0·0	0·0	0·0	0·0	0·1	0·0
Glands	F	0	0	0	0	0	0	0	1	1	1	0	0	0	2	0	0	0	1	0	3	1	1	0	1	6
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·6	0·0	0·1	0·0	0·0	0·0	0·0	0·0
Urticaria	M	0	2	20	18	12	5	0	4	9	20	4	9	0	0	4	0	0	1	0	6	34	38	16	16	110
		0·0	0·3	0·9	0·9	1·5	0·4	0·0	0·4	0·4	1·0	0·7	0·7	0·0	0·0	0·5	0·0	0·0	0·6	0·0	0·2	0·6	0·8	1·1	0·6	0·6
	F	1	3	11	10	4	12	0	5	11	3	1	6	0	0	3	1	0	0	1	8	28	15	5	18	75
		0·7	0·4	0·5	0·5	0·5	1·1	0·0	0·5	0·5	0·1	0·1	0·5	0·0	0·0	0·5	0·2	0·0	0·0	0·2	0·3	0·5	0·3	0·3	0·7	0·4
Abrasions	M	0	0	5	3	0	0	0	0	1	2	0	5	1	1	1	2	0	0	1	1	8	8	0	7	25
		0·0	0·0	0·2	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·4	0·8	0·1	0·1	0·4	0·0	0·0	0·2	0·0	0·1	0·1	0·0	0·2	0·1
	F	0	1	1	1	0	1	0	0	0	0	1	2	0	0	0	0	0	0	0	1	1	1	1	3	7
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
Hairy Mole	M	1	4	3	3	2	0	1	1	2	1	0	1	0	2	2	1	0	1	2	7	8	6	2	2	27
or Pigmented		1·0	0·6	0·1	0·1	0·2	0·0	0·6	0·1	0·0	0·0	0·0	0·0	0·0	0·3	0·2	0·2	0·0	0·6	0·5	0·3	0·1	0·1	0·1	0·0	0·1
Naevus	F	1	3	2	2	1	2	2	2	2	4	0	1	0	1	0	1	0	0	4	6	4	7	1	3	25
		0·7	0·4	0·0	0·1	0·1	0·1	0·9	0·2	0·0	0·2	0·0	0·0	0·0	0·1	0·0	0·2	0·0	0·0	0·8	0·2	0·0	0·1	0·0	0·1	0·1
Totals	M	2	22	85	70	38	41	6	34	106	109	27	57	20	97	119	71	15	26	28	154	320	261	82	133	978
		2·1	3·4	3·8	3·7	4·7	3·9	3·8	4·1	4·7	5·5	5·3	4·9	16·0	17·0	17·1	16·0	21·4	16·6	7·3	7·3	6·0	5·8	5·7	5·3	6·0
	F	11	16	53	51	21	30	14	87	144	131	31	72	23	76	51	41	9	12	49	180	263	230	66	120	908
		8·0	2·6	2·5	2·7	3·1	2·8	6·8	9·8	6·6	6·7	5·9	6·0	17·0	13·3	10·0	11·7	10·8	8·1	9·9	8·4	5·2	5·3	4·9	4·7	5·7
Teeth and Mouth—																										
Impacted	M	0	0	1	0	0	0	0	1	1	1	0	0	0	0	0	2	0	0	0	1	2	3	0	0	6
Teeth		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·4	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	4	4	1	1	0	0	0	1	0	0	0	0	4	6	1	1	12
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·1	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0

Dental Caries	M	13	125	608	570	237	304	4	100	360	332	91	246	5	36	84	57	14	19	24	277	1 086	1 002	367	612	3,368
		13·9	19·4	27·6	30·2	29·8	29·3	2·5	12·1	16·2	17·0	18·1	21·2	4·0	6·3	12·1	12·9	20·0	12·1	6·2	13·1	20·5	22·6	25·5	24·4	20·8
	F	24	140	546	552	231	332	10	57	270	257	96	222	4	26	38	14	7	6	39	235	913	871	349	602	3,009
		17·6	22·9	26·4	30·0	34·4	32·0	4·9	6·4	12·5	13·3	18·5	18·5	2·9	4·5	7·0	4·0	8·4	4·0	7·9	10·9	18·3	20·2	26·0	23·7	19·0
Attrition of of teeth	M	0	1	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	2	5
		0·0	0·1	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0
Disease of Teeth Tissue	M	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Dental Abscess	M	0	1	3	0	0	2	0	0	0	2	0	1	0	0	0	0	0	0	0	1	3	2	0	3	9
		0·0	0·1	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
	F	0	1	1	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	3	1	3	9
		0·0	0·1	0·0	0·1	0·1	0·2	0·0	0·0	0.0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
Stomatitis	M	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	2	1	1	0	0	4
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0 0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	1	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	2	0	1	1	4
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Cleft Palate	M	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	2	0	1	5
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2	1	1	5
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Hare Lip	M	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0 0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0 0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Cleft Palate and Hare Lip	M	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0 0	0 0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	2	0	0	1	0	0	0	0	0	0	0	0	2	0	0	1	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	13	127	616	572	238	309	4	102	364	336	91	247	5	37	84	59	14	19	24	282	1,098	1,012	368	618	3,402
		13·9	19·7	28·0	30·3	29·9	29·8	2·5	12·3	16·4	17·2	18·1	21·3	4·0	6·5	12·1	13·3	20·0	12·1	6·2	13·4	20·7	22·8	25·6	24·7	21·1
	F	24	141	549	557	234	337	10	57	277	262	97	225	4	26	39	15	7	6	39	236	924	884	353	610	3,046
		17·6	23·0	26·5	30·3	34·8	32·5	4·9	6·4	12·8	13·5	18·7	18·8	2·9	4·5	7·2	4·2	8·4	4·0	7·9	11·0	18·6	20·5	26·3	24·0	19·3

TABLE 2—*Continued*

Ear, Nose and Throat—		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Ottitis Externa	M	0	0	1	0	0	2	0	0	0	2	0	0	0	0	0	1	0	0	0	0	1	3	0	2	6
		0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	0	0	0	1	2	1	0	2	0	0	0	0	0	0	0	1	3	1	0	2	7
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Otitis Media—Acute	M	0	3	8	4	3	1	0	0	1	3	0	3	0	1	2	0	0	1	0	4	11	8	3	5	31
		0·0	0·4	0·3	0·2	0·3	0·0	0·0	0·0	0·0	0·1	0·0	0·2	0·0	0·1	0·2	0·0	0·0	0·6	0·0	0·1	0·2	0·1	0·2	0·2	0·1
	F	1	2	5	6	3	5	0	1	4	3	3	0	0	0	0	0	0	0	1	3	9	10	7	7	37
		0 7	0 3	0·2	0·3	0·4	0·4	0·0	0·1	0·1	0·1	0·5	0 0	0 0	0 0	0·0	0·0	0·0	0·0	0·2	0·1	0·1	0·2	0·5	0·2	0·2
Otitis Media—Chronic Suppurative	M	0	1	2	3	0	7	0	2	8	14	4	9	0	1	0	0	0	0	0	4	10	17	5	18	54
		0·0	0·1	0·0	0·1	0·0	0·6	0·0	0·2	0·3	0·7	0·7	0·7	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·3	0·3	0·7	0·3
	F	1	2	3	0	1	2	0	1	11	11	3	4	0	1	0	0	0	1	1	4	14	11	5	8	43
		0·7	0 3	0·1	0·0	0·1	0·1	0·0	0·1	0·5	0·5	0·5	0·3	0·0	0·1	0·0	0·0	0·0	0·6	0·2	0·1	0·2	0·2	0·3	0·3	0·2
Other Infective Disease of Ear	M	0	0	1	2	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3	3	0	0	6
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0 0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	1	1	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	2	2	2	0	2	8
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0 0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Wax in Ear	M	0	0	5	6	3	4	2	8	14	13	3	7	1	20	15	10	0	3	3	28	36	29	6	14	116
		0·0	0·0	0·2	0·3	0·3	0·3	1·2	0·9	0·6	0·6	0·5	0·6	0·8	3·5	2·1	2·2	0·0	1·9	0·7	1·3	0·6	0·6	0·4	0·5	0·7
	F	0	1	9	14	6	4	0	6	19	16	1	12	1	3	5	1	1	1	1	12	33	34	9	17	106
		0·0	0·1	0·4	0·7	0·8	0·3	0·0	0·6	0·8	0·8	0·1	1·0	0·7	0·5	0·9	0·2	1·2	0·6	0·2	0·5	0·6	0·7	0·6	0·6	0·6
Other Disease of Ear	M	0	0	0	2	1	0	0	1	0	0	0	3	0	1	2	1	0	0	0	2	3	3	1	3	12
		0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·2	0·0	0·1	0·2	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
	F	0	1	2	0	0	0	0	1	1	3	0	0	0	0	0	0	0	0	0	2	3	3	0	1	9
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0 0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Sinusitis	M	0	1	4	3	0	2	1	3	3	1	0	0	0	1	0	0	0	0	1	5	7	4	0	3	20
		0·0	0·1	0·1	0·1	0·0	0·1	0·6	0·3	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·2	0·2	0·1	0·0	0·0	0·1	0·1
	F	0	0	0	1	0	1	0	1	4	0	0	1	0	0	0	0	0	0	0	1	4	1	0	2	8
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Acute Tonsilitis	M	0	2	1	1	1	0	0	0	1	2	0	1	0	1	0	0	0	0	0	3	2	3	1	1	10
		0·0	0·3	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0 0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0
	F	0	0	2	1	1	0	0	0	0	5	0	2	0	0	0	0	0	0	0	0	3	6	2	2	13
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·2	0·0	0·1	0·0	0·0	0·0	0 0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0

Tonsillar Hypertrophy	M	8	52	231	187	98	89	1	8	35	40	17	17	1	1	2	2	0	0	11	68	282	238	118	117	834
		8·6	8·0	10·5	9·9	12·3	8·5	0·6	0·9	1·5	2·0	3·3	1·4	0·8	0·1	0·2	0·4	0·0	0·0	2·8	3·2	5·3	5·3	8·2	4·6	5·1
	F	12	63	198	178	55	77	5	13	44	32	12	29	1	6	9	2	0	0	19	85	265	230	73	114	786
		8·8	10·3	9·5	9·6	8·1	7·4	2·4	1·4	2·0	1·6	2·3	2·4	0·7	1·0	1·6	0·5	0·0	0·0	3·8	3·9	5·3	5·3	5·4	4·4	4·9
Chronic Pharyngitis	M	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Chronic Nasopharyngitis	M	0	1	7	2	3	1	0	4	3	1	0	1	0	0	1	0	0	0	0	5	11	3	3	3	25
		0·0	0·1	0·3	0·1	0·3	0·0	0·0	0·4	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·2	0·2	0·0	0·2	0·1	0·1
	F	0	0	2	2	1	2	0	1	2	5	0	0	0	0	3	0	0	0	0	1	7	7	1	3	19
		0·0	0·0	0·0	0·1	0·1	0·1	0·0	0·1	0·0	0·2	0·0	0·0	0·0	0·0	0·5	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·1	0·1
Deflected Nasal Septum	M	0	0	0	0	0	0	0	1	3	1	1	0	0	2	1	0	0	1	0	3	4	1	1	1	10
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·1	0·0	0·0	0·3	0·1	0·0	0·0	0·6	0·0	0·1	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	0	3	0	0	1	0	0	0	0	0	0	0	0	3	1	0	1	5
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Nasal Polyposis	M	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	2	0	0	0	1	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Hay Fever	M	0	0	1	1	0	0	4	3	10	2	0	3	0	5	2	2	0	0	4	8	13	5	0	3	33
		0·0	0·0	0·0	0·0	0·0	0·0	2·5	0·3	0·4	0·1	0·0	0·2	0·0	0·8	0·2	0·4	0·0	0·0	1·0	0·3	0·2	0·1	0·0	0·1	0·2
	F	1	1	0	0	0	0	2	2	3	2	0	0	0	4	0	2	0	0	3	7	3	4	0	0	17
		0·7	0·1	0·0	0·0	0·0	0·0	0·9	0·2	0·1	0·1	0·0	0·0	0·0	0·7	0·0	0·5	0·0	0·0	0·6	0·3	0·0	0·0	0·0	0·0	0·1
Congenital Anomaly of Ear	M	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Epistaxis	M	0	2	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	2	1	1	0	1	5
		0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	2	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
TOTAL	M	8	63	263	211	109	106	8	30	81	81	25	45	2	35	25	16	0	6	19	135	386	318	138	172	1,168
		8·6	9·7	11·9	11·1	13·7	10·2	5·1	3·6	3·6	4·1	4·9	3·8	1·6	6·1	3·6	3·6	0·0	3·8	4·9	6·4	7·3	7·1	9·6	6·8	7·2
	F	15	71	225	206	67	92	7	27	94	80	19	52	2	14	17	6	1	2	25	118	351	314	97	159	1,064
		11·0	11·6	10·8	11·2	9·9	8·8	3·4	3·0	4·3	4·1	3·6	4·3	1·4	2·4	3·1	1·7	1·2	1·3	5·0	5·5	7·0	7·2	7·2	6·2	6·7

TABLE 2—*Continued*

Hearing Defects—		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Complete	M	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	1	0	2	0	0	3
(Hearing Loss		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Both ears)	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Deafness in	M	0	0	1	0	0	0	0	0	1	0	1	2	0	1	0	0	0	0	0	1	2	0	1	2	6
one ear, part		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Deaf the	F	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
other		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Deafness	M	0	0	0	0	0	0	0	2	2	0	0	0	0	1	0	0	0	0	0	3	2	0	0	1	6
one ear		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	2	0	2	0	1	0	0	0	0	0	0	0	2	0	3	0	1	6
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Impaired	M	0	5	14	16	6	14	0	6	10	17	5	7	1	2	1	5	0	0	1	14	26	40	11	23	115
Hearing		0·0	0·7	0·6	0·8	0·7	1·3	0·0	0·7	0·4	0·8	0·9	0·6	0·8	0·3	0·1	1·1	0·0	0·0	0·2	0·6	0·4	0·9	0·7	0·9	0·7
(One or	F	0	3	18	14	9	12	0	3	21	11	1	8	0	2	0	0	0	0	0	9	40	26	10	21	106
both ears)		0·0	0·4	0·8	0·7	1·3	1·1	0·0	0·3	0·9	0·5	0·1	0·6	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·4	0·8	0·6	0·7	0·8	0·6
Totals	M	0	5	15	16	6	14	0	9	13	19	6	9	1	4	1	5	0	0	1	19	30	42	12	26	130
		0·0	0·7	0·6	0·8	0·7	1·3	0·0	1·0	0·5	0·9	1·1	0·7	0·8	0·7	0·1	1·1	0·0	0·0	0·2	0·9	0·5	0·9	0·8	1·0	0·8
	F	0	3	18	16	9	12	0	5	21	13	1	9	0	2	0	0	0	0	0	11	40	30	10	23	114
		0·0	0·4	0·8	0·8	1·3	1·1	0·0	0·5	0·9	0·6	0·1	0·7	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·5	0·8	0·6	0·7	0·9	0·7
Eyes—																										
Conjunctivitis	M	0	0	1	1	1	1	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6	2	1	1	10
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0
	F	0	0	2	2	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	1	3	3	0	1	8
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Blepharitis	M	0	4	12	12	4	3	2	6	18	18	5	7	0	5	3	5	0	1	2	15	35	36	9	11	108
		0·0	0 6	0·5	0·6	0·5	0·2	1·2	0·7	0·8	0·9	0·9	0·6	0·0	0·8	0·4	1·1	0·0	0·6	0·5	0·7	0·6	0·8	0·6	0·4	0·6
	F	0	1	6	9	3	7	0	6	22	12	2	8	0	2	3	0	1	1	0	9	32	21	6	16	84
		0·0	0·1	0·2	0·4	0·4	0·6	0·0	0·6	1·0	0·6	0·3	0·6	0·0	0·3	0·5	0·0	1·2	0·6	0·0	0·4	0·6	0·4	0·4	0·6	0·5
Stye	M	0	0	0	1	0	1	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	1	0	4	5
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
	F	0	0	3	0	0	1	0	0	3	2	0	1	0	0	0	0	0	0	0	0	6	2	0	2	10
		0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0

Corneal Ulcer	M	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	1	0	3
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Other Infective Eye Disease	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Refractive Errors	M	6	30	61	53	25	47	18	98	240	194	57	143	10	54	71	68	7	33	35	185	385	328	94	230	1,257
		6·4	4·6	2·7	2·8	3·1	4·5	11·5	11·8	10·8	9·9	11·3	12·3	8·0	9·4	10·2	15·4	10·0	21·1	9·1	8·8	7·2	7·4	6·5	9·2	7·7
	F	4	16	71	61	29	47	20	114	258	208	52	152	36	97	75	50	16	29	60	236	416	337	99	239	1,387
		2·9	2·6	3·4	3·3	4·3	4·5	9·8	12·9	11·9	10·7	10·0	12·7	26·6	17·0	13·9	14·2	19·2	19·5	12·2	11·0	8·3	7·8	7·3	9·4	8·7
Corneal Opacity	M	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	0	0	0	0	1	0	0	2	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0
	F	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Strabismus	M	4	19	63	56	34	39	0	6	21	16	3	15	1	0	3	1	1	0	5	26	92	76	39	56	294
		4·3	2·9	2·8	2·9	4·2	3·7	0·0	0·7	0·9	0·8	0·5	1·2	0·8	0·0	0·4	0·2	1·4	0·0	1·3	1·2	1·7	1·7	2·7	2·2	1·8
	F	3	19	60	48	29	41	1	7	15	14	5	16	0	3	2	2	2	0	4	31	80	68	40	64	287
		2·2	3·1	2·9	2·6	4·3	3·9	0·4	0·7	0·6	0·7	0·9	1·3	0·0	0·5	0·3	0·5	2·4	0·0	0·8	1·4	1·6	1·5	2·9	2·5	1·8
Vascular Lesions of Retina	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Colour Blindness	M	3	11	22	35	18	20	6	30	99	65	17	44	13	19	24	13	3	2	22	61	146	117	39	67	452
		3·2	1·7	1·0	1·8	2·2	1·9	3·8	3·6	4·4	3·3	3·3	3·7	10·4	3·3	3·4	2·9	4·2	1·2	5·7	2·9	2·7	2·6	2·7	2·6	2·8
	F	0	3	6	6	3	3	1	3	5	5	3	4	0	3	2	3	0	0	1	9	14	14	6	8	52
		0·0	0·4	0·2	0·3	0·4	0·2	0·4	0·3	0·2	0·2	0·5	0·3	0·0	0·5	0·3	0·8	0·0	0·0	0·2	0·4	0·2	0·3	0·4	0·3	0·3
Chalazion	M	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Other Disease of Eye	M	0	0	0	1	0	1	0	1	2	2	0	2	0	0	0	0	0	0	0	1	2	3	0	3	9
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
	F	0	3	0	1	0	0	1	0	0	1	0	1	0	1	1	0	0	0	2	4	1	2	0	1	10
		0·0	0·4	0·0	0·0	0·0	0·0	0·4	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·4	0·1	0·0	0·0	0·0	0·0	0·0

TABLE 2—*Continued*

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Eyes—Continued																										
Blindness (both eyes)	M	0	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	1	0	0	2	0	0	2	4
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Blindness (One eye)	M	0	0	1	0	0	1	0	1	4	4	1	4	0	2	1	0	0	1	0	4	6	4	1	6	21
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·2	0·1	0·3	0·0	0·3	0·1	0·0	0·0	0·6	0·0	0·1	0·1	0·0	0·0	0·2	0·1
	F	0	1	2	0	0	0	1	1	1	2	0	0	0	0	1	0	0	0	1	2	5	2	1	0	11
		0·0	0·1	0·0	0·0	0·0	0·0	0·4	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·2	0·0	0·1	0·0	0·0	0·0	0·0
Nystagmus	M	0	0	1	1	0	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	1	0	3	6
		0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
	F	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	13	64	162	162	82	117	26	142	391	301	85	218	24	81	103	87	11	38	64	293	677	571	185	383	2,173
		13·9	9·9	7·3	8·5	10·3	11·3	16·6	17·2	17·6	15·4	16·9	18·8	19·2	14·2	14·8	19·7	15·7	24·3	16·7	13·9	12·8	12·9	12·9	15·3	13·4
	F	7	43	151	128	65	100	24	131	307	247	63	183	36	106	84	55	19	30	68	292	560	452	154	332	1,858
		5·1	7·0	7·3	6·9	9·6	9·6	11·8	14·9	14·2	12·8	12·1	15·3	26·6	18·6	15·6	15·7	22·8	20·2	13·8	13·6	11·2	10·4	11·5	13·0	11·7
Speech Defects—																										
	M	1	17	56	57	26	38	1	1	12	12	4	7	0	1	2	0	0	1	2	22	70	74	31	52	251
		1·0	2·6	2·5	3·0	3·2	3·6	0·6	0·1	0·5	0·6	0·7	0·6	0·0	0·1	0·2	0·0	0·0	0·6	0·5	1·0	1·3	1·6	2·1	2·0	1·5
	F	2	10	34	20	9	20	0	0	8	5	0	2	0	1	0	0	0	0	2	11	48	27	10	26	124
		1·4	1·6	1·6	1·0	1·3	1·9	0·0	0·0	0·3	0·2	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·4	0·5	0·9	0·6	0·7	1·0	0·7
Totals	M	1	17	56	57	26	38	1	1	12	12	4	7	0	1	2	0	0	1	2	22	70	74	31	52	251
		1·0	2·6	2·5	3·0	3·2	3·6	0·6	0·1	0·5	0·6	0·7	0·6	0·0	0·1	0·2	0·0	0·0	0·6	0·5	1·0	1·3	1·6	2·1	2·0	1·5
	F	2	10	34	20	9	20	0	0	8	5	0	2	0	1	0	0	0	0	2	11	48	27	10	26	124
		1·4	1·6	1·6	1·0	1·3	1·9	0·0	0·0	0·3	0·2	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·4	0·5	0·9	0·6	0·7	1·0	0·7
Lungs—																										
Primary Tuberculosis Complex	M	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

Acute	M	1	7	21	24	10	7	0	0	3	4	1	0	0	0	0	0	0	0	1	7	26	29	11	9	83
Bronchitis		1·0	1·0	0·9	1·2	1·2	0·6	0·0	0·0	0·1	0·2	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·3	0·4	0·6	0·7	0·3	0·5
	F	1	3	11	12	6	8	0	0	1	1	0	0	0	0	0	0	0	0	1	3	14	13	7	8	46
		0·7	0·4	0·5	0·6	0·8	0·7	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·1	0·2	0·3	0·5	0·3	0·2
Influenza	M	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Chronic	M	0	0	5	5	3	4	0	0	2	4	0	2	0	0	1	1	1	0	0	0	8	11	4	6	29
Bronchitis		0·0	0·0	0·2	0·2	0·3	0·3	0·0	0·0	0·0	0·2	0·0	0·1	0·0	0·0	0·1	0·2	1·4	0·0	0·0	0·0	0·1	0·2	0·2	0·2	0·1
	F	0	0	4	5	2	5	0	0	1	3	3	0	0	0	0	0	1	0	0	0	5	8	6	6	25
		0·0	0·0	0·1	0·2	0·2	0·4	0·0	0·0	0·0	0·1	0·5	0·0	0·0	0·0	0·0	0·0	1·2	0·0	0·0	0·0	0·1	0·1	0·4	0·2	0·1
Asthma	M	0	6	26	21	8	11	5	23	36	32	6	11	2	10	9	5	0	0	8	39	74	59	16	25	221
		0·0	0·9	1·1	1·1	1·0	1·0	3·2	2·7	1·6	1·6	1·1	0·9	1·6	1·7	1·2	1·1	0·0	0·0	2·0	1·8	1·4	1·3	1·1	1·0	1·3
	F	3	8	10	11	4	1	2	5	11	11	1	6	0	1	1	1	1	1	5	14	23	23	7	9	81
		2·2	1·3	0·4	0·5	0·5	0·0	0·9	0·5	0·5	0·5	0·1	0·5	0·0	0·1	0·1	0·2	1·2	0·6	1·0	0·6	0·4	0·5	0·5	0·3	0·5
Totals	M	1	13	53	51	21	22	5	23	41	42	7	13	2	10	10	6	1	0	9	46	109	102	31	40	337
		1·0	2·0	2·4	2·7	2·6	2·1	3·2	2·7	1·8	2·1	1·3	1·1	1·6	1·7	1·4	1·3	1·4	0·0	2·3	2·1	2·0	2·3	2·1	1·6	2·0
	F	4	11	25	28	12	14	2	6	13	15	4	6	0	1	1	1	2	1	6	18	42	44	20	23	153
		2·9	1·8	1·2	1·5	1·7	1·3	0·9	0·6	0·6	0·7	0·7	0·5	0·0	0·1	0·1	0·2	2·4	0·6	1·2	0·8	0·8	1·0	1·4	0·9	0·9
Heart and Circulation—																										
Iron	M	0	0	1	5	1	2	0	0	1	0	0	1	0	0	0	0	0	0	0	0	2	5	1	3	11
Deficiency		0·0	0·0	0·0	0·2	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·0
Anaemia	F	1	2	6	3	1	1	1	0	7	5	0	2	1	2	2	0	0	0	3	4	15	8	1	4	35
		0·7	0·3	0·2	0·1	0·1	0·0	0·4	0·0	0·3	0·2	0·0	0·1	0·7	0·3	0·3	0·0	0·0	0·0	0·6	0·1	0·3	0·1	0·0	0·1	0·2
Anaemia	M	0	0	0	1	2	1	0	0	1	1	0	0	0	0	0	0	0	0	0	1	1	2	2	1	7
(Unspecified)		0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0
	F	0	1	0	4	0	7	0	0	0	0	0	1	0	0	1	1	0	0	0	1	2	5	1	8	17
		0·0	0·1	0·0	0·2	0·0	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·3	0·1
Haemophilia	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

TABLE 2—*Continued*

Heart and Circulation—Continued

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Christmas Disease	M	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Allergic Purpura	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	4
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Chronic Rheumatic Heart Disease	M	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	1	0	0	0	2	0	1	2	5
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	1·4	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	0	0	0	1	3	2	0	3	0	0	0	1	0	0	0	1	4	3	0	3	11
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·1	0·0	0·2	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
Fallot's Tetralogy	M	0	0	1	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	2	0	0	2	4
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Interventricular Septal Defect	M	0	0	6	3	2	0	0	1	1	2	0	0	0	0	0	0	0	0	0	1	7	6	2	0	16
		0·0	0·0	0·2	0·1	0·2	0·0	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·1	0·0	0·0
	F	0	1	3	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	2	4	1	0	1	8
		0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Interatrial Septal Defect	M	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	0	0	0	0	3	0	0	1	0	0	0	0	0	0	0	0	4	0	0	1	5
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Other Malformations of Heart	M	0	1	2	2	0	0	0	1	2	2	0	2	0	0	3	0	0	0	0	2	7	4	0	2	15
		0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·1	0·0	0·0	0·4	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0
	F	0	1	2	1	0	1	0	0	2	4	0	3	0	0	1	0	0	0	0	1	5	5	0	4	15
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·2	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·1	0·0
Patent Ductus Arteriosus	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	3	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	3	3	0	0	7
		0·0	0·0	0·1	0·0	0·0	0·0	0·4	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	0	1	10	11	5	4	0	3	11	5	0	7	0	0	3	0	1	0	0	5	24	18	6	11	64
		0·0	0·1	0·4	0·5	0·6	0·3	0·0	0·3	0·4	0·2	0·0	0·6	0·0	0·0	0·4	0·0	1·4	0·0	0·0	0·2	0·4	0·4	0·4	0·4	0·3
	F	1	6	18	11	1	10	2	2	18	12	0	10	1	2	4	2	0	0	4	10	41	26	2	21	104
		0·7	0·9	0·8	0·5	0·1	0·9	0·9	0·2	0·8	0·6	0·0	0·8	0·7	0·3	0·7	0·5	0·0	0·0	0·8	0·4	0·8	0·6	0·1	0·8	0·6

Orthopaedic—

Osteochondrosis of Hip	M	0	0	1	1	0	0	1	1	0	1	0	1	0	0	0	0	0	0	1	1	1	2	0	1	6
		0·0	0·0	0·0	0·0	0·0	0·0	0·6	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	3	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3	1	0	0	4
		0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Osteochondrosis (Other)	M	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	1	1	1	1	0	0	4
		0·0	0·0	0·0	0·0	0·0	0·0	0·6	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	1	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·7	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
Bunion	M	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	1	1	0	3
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	1	0	0	0	2	1	0	0	1	0	1	1	1	0	1	0	3	6
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·7	0·0	0·0	0·2	0·0	0·6	0·2	0·0	0·0	0·0	0·0	0·1	0·0
Bursitis Synovitis	M	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	2	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·7	0·1	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
Infective Muositis	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	1	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Curvature of Spine (Not Congenital)	M	0	0	2	2	0	0	0	4	18	8	2	5	0	4	5	3	0	1	0	8	25	14	2	7	56
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·4	0·8	0·4	0·3	0·4	0·0	0·7	0·7	0·6	0·0	0·6	0·0	0·3	0·4	0·3	0·1	0·2	0·3
	F	0	1	3	3	1	0	0	4	7	8	1	3	0	7	5	1	0	0	0	12	16	14	2	5	49
		0·0	0·1	0·1	0·1	0·1	0·0	0·0	0·4	0·3	0·4	0·1	0·2	0·0	1·2	0·9	0·2	0·0	0·0	0·0	0·5	0·3	0·3	0·1	0·1	0·3
Flat Foot (Not Congenital)	M	0	4	19	28	10	9	2	10	10	10	1	2	2	6	3	2	1	1	4	20	33	42	12	13	124
		0·0	0·6	0·8	1·4	1·2	0·8	1·2	1·2	0·4	0·5	0·1	0·1	1·6	1·0	0·4	0·4	1·4	0·6	1·0	0·9	0·6	0·9	0·8	0·5	0·7
	F	0	8	16	19	5	6	0	8	13	11	2	3	0	3	8	0	1	2	0	20	38	31	8	14	111
		0·0	1·3	0·7	1·0	0·7	0·5	0·0	0·9	0·6	0·5	0·3	0·2	0·0	0·5	1·4	0·0	1·2	1·3	0·0	0·9	0·7	0·7	0·5	0·5	0·7
Hallux Valgus (Not Congenital)	M	1	0	0	0	0	1	0	0	2	1	0	0	0	1	2	0	0	0	1	1	4	1	0	1	8
		1·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	2	0	0	2	0	1	6	8	1	3	0	4	2	3	0	0	1	6	10	11	1	6	35
		0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·2	0·4	0·1	0·2	0·0	0·7	0·3	0·8	0·0	0·0	0·2	0·2	0·2	0·2	0·0	0·2	0·2
Hallux Rigidis etc.	M	1	8	12	11	4	4	1	2	2	0	2	2	0	1	0	1	0	0	2	11	15	12	7	8	55
		1·0	1·2	0·5	0·5	0·5	0·3	0·6	0·2	0·0	0·0	0·3	0·1	0·0	0·1	0·0	0·2	0·0	0·0	0·5	0·5	0·2	0·2	0·4	0·3	0·3
	F	1	11	17	11	11	4	0	2	8	8	2	1	0	0	2	0	0	0	1	13	27	20	13	6	80
		0·7	1·8	0·8	0·5	1.6	0·3	0·0	0·2	0·3	0·4	0·3	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·2	0·6	0·5	0·4	0·9	0·2	0·5

TABLE 2—*Continued*

Orthopaedic—Continued

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Club Foot	M	0	0	1	0	3	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2	0	5	0	7
		0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0
	F	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Congenital	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Dislocation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
of Hip	F	0	1	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	4
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0
Other	M	1	1	5	3	2	3	0	1	1	7	0	0	0	0	0	0	0	0	1	3	6	10	2	3	25
Congenital		1·0	0·1	0·2	0·1	0·2	0·2	0·0	0·1	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·1	0·1	0·2	0·1	0·1	0·1
Anomaly of	F	0	3	11	8	2	4	3	2	3	2	1	1	0	0	1	0	0	0	3	5	15	10	3	5	41
Lower Limb		0·0	0·4	0·5	0·4	0·2	0·3	1·4	0·2	0·1	0·1	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·6	0·2	0·3	0·2	0·2	0·1	0·2
Congenital	M	0	0	2	0	0	0	0	0	2	0	2	0	0	0	1	0	0	0	0	0	5	0	2	0	7
Anomoly of		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0
Spine	F	0	0	3	0	0	0	0	0	2	1	0	1	0	3	1	0	0	0	0	3	6	1	0	1	11
		0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·5	0·1	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0
Unspecified	M	0	1	2	0	1	2	1	2	10	2	1	1	0	2	1	1	0	0	1	5	13	3	2	3	27
Anomaly of		0·0	0·1	0·0	0·0	0·1	0·1	0·6	0·2	0·4	0·1	0·1	0·0	0·0	0·3	0·1	0·2	0·0	0·0	0·2	0·2	0·2	0·0	0·1	0·1	0·1
Musculo	F	0	1	5	3	0	1	4	16	12	7	1	1	1	6	5	1	1	0	5	24	22	12	2	2	67
Skeletal System		0·0	0·1	0·2	0·1	0·0	0·0	1·9	1·8	0·5	0·3	0·1	0·0	0·7	1·0	0·9	0·2	1·2	0·0	1·0	1·1	0·4	0·2	0·1	0·0	0·4
Swelling	M	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0	3
of Joint		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	1	1	1	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	3	15	45	45	20	19	6	22	48	31	11	13	2	14	13	7	1	2	11	52	108	86	34	38	329
		3·2	2·3	2·0	2·3	2·5	1·8	3·8	2·6	2·1	1·5	2·1	1·1	1·6	2·4	1·8	1·5	1·4	1·2	2·8	2·4	2·0	1·9	2·3	1·5	2·0
	F	1	25	62	45	19	18	7	36	53	47	8	16	4	25	25	7	2	3	13	89	142	104	29	44	421
		0·7	4·0	3·0	2·4	2·8	1·7	3·4	4·0	2·4	2·4	1·5	1·3	2·9	4·4	4·6	2·0	2·4	2·0	2·6	4·1	2·8	2·4	2·1	1·7	2·6

Urogenital Conditions—

Nephrotic Syndrome	M	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Chronic Nephritis	M	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Infections of Kidney	M	1	0	2	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	3	1	0	0	5
		1·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	7	1	2	1	0	1	1	2	2	1	0	0	0	0	0	0	0	2	8	3	4	2	19
		0·0	0·1	0·3	0·0	0·2	0·0	0·0	0·1	0·0	0·1	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·2	0·0	0·1
Other Pyelonephritis	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	1	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Hydronephrosis	M	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	0	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Renal Dwarfism	M	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Cystitis etc.	M	0	1	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	4
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	7	2	0	0	0	0	1	1	0	2	0	1	0	0	0	0	0	2	8	3	0	2	15
		0·0	0·0	0·3	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0
Hydrocele	M	0	1	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	1	0	4
		0·0	0·1	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Phimosis	M	0	1	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2	1	0	0	4
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0 ·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

TABLE 2—*Continued*

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Orthopaedic—Continued																										
Undescended Testes	M	0	5	18	19	5	12	0	2	2	2	2	5	0	0	0	0	0	0	0	9	20	22	8	20	79
		0·0	0·7	0·8	1·0	0·6	1·1	0·0	0·2	0·0	0·1	0·3	0·4	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·4	0·3	0·4	0·5	0·8	0·4
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Hypospadias	M	0	1	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	4
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	1	10	28	23	6	13	0	2	5	4	2	5	0	1	0	0	0	0	1	15	33	28	9	21	107
		1·0	1·5	1·2	1·2	0·7	1·2	0·0	0·2	0·2	0·2	0·3	0·4	0·0	0·1	0·0	0·0	0·0	0·0	0·2	0·7	0·6	0·6	0·6	0·8	0·6
	F	0	2	17	3	2	1	0	1	3	4	2	3	0	1	0	0	0	0	0	5	20	7	4	4	40
		0·0	0·3	0·8	0·1	0·2	0·0	0·0	0·1	0·1	0·2	0·3	0·2	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·2	0·4	0·1	0·2	0·1	0·2
Emotional—																										
Anxiety Neurosis	M	0	1	4	0	0	1	0	0	2	0	0	1	0	0	0	0	0	0	0	1	6	0	0	2	9
		0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0
	F	0	1	1	1	2	1	0	1	1	2	0	1	0	1	0	0	0	0	0	4	2	3	2	2	13
		0·0	0·1	0·0	0·0	0·2	0·0	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·1	0·0	0·0
Emotional Instability	M	0	0	2	1	2	1	0	1	1	1	1	1	0	0	0	0	0	0	0	1	3	2	3	2	11
		0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0
	F	0	1	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	3	5
		0·0	0·1	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·6	0·0	0·0	0·0	0·0	0·0	0·1	0·0
Aggressiveness	M	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Passive Dependency	M	0	0	1	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	1	4
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
		0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

Anxiety State	M	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Nightmares	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0,	1	2
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Enuresis	M	5	26	86	103	43	56	0	3	7	7	8	5	0	0	1	0	0	0	5	29	97	113	56	68	368
		5·3	4·0	3·9	5·4	5·4	5·4	0·0	0·3	0·3	0·3	1·5	0·4	0·0	0·0	0·1	0·0	0·0	0·0	1·3	1·3	1·8	2·5	3·9	2·7	2·2
	F	0	19	95	73	46	61	0	1	2	3	2	4	0	0	0	0	0	0	0	21	101	82	53	74	331
		0·0	3·1	4·5	3·9	6·8	5·8	0·0	0·1	0·0	0·1	0·3	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·9	2·0	1·9	3·9	2·9	2·0
Encopresis	M	0	1	1	7	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	7	3	1	13
		0·0	0·1	0·0	0·3	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·0	0·0
	F	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Transient Situational Disturbances	M	0	2	2	1	1	0	0	2	0	1	0	0	0	0	0	0	0	0	0	4	2	2	1	0	9
		0·0	0·3	0·0	0·0	0·1	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	2	1	2	1	0	0	0	0	0	0	1	1	0	0	0	1	1	2	2	1	2	9
		0·0	0·0	0·0	0·1	0·1	0·1	0·4	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
Behaviour Disorder	M	0	2	2	4	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	4	5	2	15
		0·0	0·3	0·0	0·2	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0
	F	0	0	1	2	0	2	0	0	0	3	0	0	0	0	0	0	0	0	0	0	1	5	0	2	8
		0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0
TOTALS	M	5	32	100	119	54	63	0	6	10	9	9	7	0	0	1	0	0	0	5	38	114	131	68	78	434
		5·3	4·9	4·5	6·3	6·8	6·0	0·0	0·7	0·4	0·4	1·7	0·6	0·0	0·0	0·1	0·0	0·0	0·0	1·3	1·8	2·1	2·9	4·7	3·1	2·6
	F	0	22	99	82	50	70	1	2	3	8	2	5	0	2	1	1	0	1	1	28	107	97	57	85	375
		0·0	3·6	4·7	4·4	7·4	6·7	0·4	0·2	0·1	0·4	0·3	0·4	0·0	0·3	0·1	0·2	0·0	0·6	0·2	1·3	2·1	2·2	4·2	3·3	2·3
Neurological—																										
Meningitis (H. Influenzae)	M	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Hydrocephalus (Acquired)	M	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	3
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

TABLE 2—*Continued*

Neurological—Continued

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Progressive Muscular Atrophy	M	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Hereditary Spinal Ataxia	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Cerebral Palsy (Congenital)	M	0	0	3	1	2	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	6	2	2	3	13
		0·0	0·0	0·1	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·1	0·0
	F	0	0	3	3	1	0	0	1	1	1	2	1	0	0	0	0	0	0	0	1	5	4	3	2	15
		0·0	0·0	0·1	0·1	0·1	0·0	0·0	0·1	0·0	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·2	0·0	0·0
Cerebral Palsy (Unspecified Causes)	M	0	1	0	2	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	1	2	3	0	0	6
		0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	1	2	2	0	0	5
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Epilepsy (Petit Mal)	M	0	0	4	3	0	0	0	1	3	2	0	2	0	1	0	0	0	0	0	2	8	5	0	2	17
		0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·1	0·1	0·1	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·1
	F	0	1	3	3	0	1	1	1	5	2	2	0	0	1	0	0	0	1	1	3	9	5	2	2	22
		0·0	0·1	0·1	0·1	0·0	0·0	0·4	0·1	0·2	0·1	0·3	0·0	0·0	0·1	0·0	0·0	0·0	0·6	0·2	0·1	0·1	0·1	0·1	0·0	0·1
Epilepsy (Grand Mal)	M	0	0	0	2	1	2	0	2	5	4	0	1	0	0	1	0	0	0	0	3	6	6	1	4	20
		0·0	0·0	0·0	0·1	0·1	0·1	0·0	0·2	0·2	0·2	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·1	0·1	0·0	0·1	0·1
	F	0	0	1	2	1	4	0	1	1	3	1	2	0	0	1	0	0	0	0	1	4	5	2	6	18
		0·0	0·0	0·0	0·1	0·1	0·3	0·0	0·1	0·0	0·1	0·1	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·2	0·1
Status Epilepticus	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Epilepsy (Jacksonian)	M	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	1	1	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·6	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2	1	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

Migraine	M	0	0	0	0	0	0	0	2	8	2	1	3	0	2	0	0	0	0	0	4	8	3	1	3	19
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·3	0·1	0·1	0·2	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·1	0·1
	F	0	0	0	0	0	0	0	2	2	2	2	0	1	2	0	0	0	1	1	5	2	3	2	1	14
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·1	0·3	0·0	0·7	0·3	0·0	0·0	0·0	0·6	0·2	0·2	0·0	0·0	0·1	0·0	0·0
Bell's Palsy	M	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	0	1	8	10	4	3	1	5	19	11	2	10	0	3	1	1	0	0	1	10	33	24	6	15	89
		0·0	0·1	0·3	0·5	0·5	0·2	0·6	0·6	0·8	0·5	0·3	0·8	0·0	0·5	0·1	0·2	0·0	0·0	0·2	0·4	0·6	0·5	0·4	0·6	0·5
	F	0	2	7	9	3	6	1	5	11	10	7	3	1	4	1	1	0	2	2	12	25	21	10	12	82
		0·0	0·3	0·3	0·4	0·4	0·5	0·4	0·5	0·5	0·5	1·3	0·2	0·7	0·7	0·1	0·2	0·0	1·3	0·4	0·5	0·5	0·4	0·7	0·4	0·5
Mental Retardation—																										
Borderline Mental Retardation following infections)	M	0	0	0	1	0	1	0	2	7	4	3	12	0	0	1	0	0	0	0	3	10	14	5	21	53
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·3	0·2	0·5	1·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·1	0·1	0·3	0·3	0·8	0·3
	F	0	0	0	1	0	0	0	0	5	8	6	9	0	0	0	0	0	0	0	0	7	10	7	19	43
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·4	1·1	0·7	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·5	0·7	0·2
Borderline Mental Retardation (following Trauma)	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	1	0	1	4
		0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Borderline Mental Retardation (with disorders of metabolism, nutrition and growth)	M	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Borderline Mental Retardation (associated with diseases and conditions due to (unknown) pre-natal influence)	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

TABLE 2—*Continued*

Mental Retardation—Continued

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Borderline Mental	M	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1	3
Retardation		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(associated with	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
prematurity)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Borderline Mental	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Retardation (with		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
psycho-social	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(environmental) deprivation)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Borderline Mental	M	0	0	0	1	1	1	0	0	4	5	7	13	0	0	0	0	0	0	0	0	4	6	8	15	33
Retardation		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·1	0·2	1·3	1·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·5	0·6	0·2
(other and	F	0	0	0	1	0	0	0	0	3	4	0	9	0	0	0	0	0	0	0	0	3	5	0	10	18
unspecified)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·0	0·7	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·3	0·1
Mild Mental	M	0	0	0	1	0	0	0	0	3	2	4	2	0	0	0	0	0	0	0	0	4	4	4	5	17
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·7	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·2	0·1
(following	F	0	0	0	0	0	2	0	0	1	1	3	3	0	0	0	0	0	0	0	0	4	3	4	12	23
Infections)		0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·5	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·4	0·1
Mild Mental	M	0	0	0	0	0	0	0	1	1	2	0	1	0	0	0	0	0	0	0	1	1	2	0	1	5
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(following	F	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Trauma)	M	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Mild Mental		0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(with disorders	F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
of metabolism, nutrition and growth)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Mild Mental	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(with	F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
chromosomal abnormalities)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

Mild Mental	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(associated with	F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
prematurity)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Mild Mental	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(with	F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
psycho-social (environmental) deprivation)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Mild Mental	M	0	0	0	1	0	0	0	0	3	3	0	5	0	0	0	0	0	0	0	0	3	4	0	5	12
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·4	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0
(other and	F	0	0	0	0	1	0	0	2	0	3	3	6	0	0	0	0	0	0	0	2	1	3	4	6	16
unspecified)		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·2	0·0	0·1	0·5	0·5	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·2	0·1
Modcrate Mental	M	0	0	1	1	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	1	1	1	3	6
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
(following	F	0	1	0	1	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	1	2	1	1	6
Infections)		0·0	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Moderate Mental	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(following	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trauma)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Moderate Mental	M	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(associated with	F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
diseases and conditions due to (unknown) pre-natal influences)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Moderate Mental	M	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1	0	2	0	4
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0
with)	F	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
chromosomal abnormalities)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Moderate Mental	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retardation		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
(associated	F	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
with prematurity)		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

TABLE 2—*Continued*

Mental Retardation—Continued

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Moderate Mental Retardation (with psychosocial (environmental) deprivation)	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Moderate Mental Retardation (other and unspecified)	M	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Severe Mental Retardation associated with gross brain disease (post natal)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Severe Mental Retardation (with chromosomal abnormalities)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Unspecified Mental Retardation (following Infections)	M	0	0	0	0	0	0	0	0	0	3	1	3	0	0	0	0	0	0	0	0	0	3	1	3	7
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0
	F	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	0	1	1	2	0	4
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0

TABLE 2—*Continued*

Unspecified Mental Retardation (with chromosomal abnormalities)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Totals	M	0	0	2	7	2	4	0	4	24	21	18	40	0	0	1	0	0	0	0	5	31	39	23	56	154
		0·0	0·0	0·0	0·3	0·2	0·3	0·0	0·4	1·0	1·0	3·5	3·4	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·2	0·5	0·8	1·6	2·2	0·9
	F	0	2	3	4	2	6	0	3	12	18	14	29	0	0	0	0	0	0	0	5	21	26	18	55	125
		0·0	0·3	0·1	0·2	0·2	0·5	0·0	0·3	0·5	0·9	2·7	2·4	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·4	0·6	1·3	2·1	0·7
Other Diseases and Defects—																										
Simple Goitre (unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	1	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Cretinism	M	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	2
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Myxoedema	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	1	1	1	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Diabetes Mellitus	M	0	0	0	0	0	0	0	0	2	0	0	0	1	1	0	0	0	0	1	1	2	1	0	0	5
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·8	0·1	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
	F	1	0	1	1	0	0	0	1	0	2	0	0	0	1	2	0	0	0	1	2	3	3	0	0	9
		0·7	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·1	0·0	0·0	0·0	0·1	0·3	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
Vitamin D Deficiency	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	2	1	4
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0

TABLE 2—*Continued*

Other Diseases and Defects—Continued

		Entrants						13-Year-Olds						16-Year-Olds						All Ages						Total
		1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	
Malnutrition	M	0	0	1	1	1	6	0	1	2	2	0	3	0	0	1	0	0	0	0	1	4	3	1	9	18
		0·0	0·0	0·0	0·0	0·1	0·5	0·0	0·1	0·0	0·1	0·0	0·2	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·3	0·1
	F	0	0	1	5	3	3	1	0	4	2	1	1	0	0	0	0	0	0	1	0	5	7	4	5	22
		0·0	0·0	0·0	0·2	0·4	0·2	0·4	0·0	0·1	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·1	0·1	0·2	0·1	0·1
Coeliac Disease	M	0	0	5	4	2	1	0	0	3	3	0	1	0	0	0	1	0	0	0	0	8	8	2	2	20
		0·0	0·0	0·2	0·2	0·2	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·1	0·1	0·1	0·0	0·1
	F	1	1	2	2	1	4	0	1	1	0	0	0	0	1	1	0	0	0	1	3	5	2	1	4	16
		0·7	0·1	0·0	0·1	0·1	0·3	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·0	0·0	0·2	0·1	0·1	0·0	0·0	0·1	0·1
Underweight	M	1	1	13	13	7	10	0	6	7	9	3	10	0	1	1	1	0	0	1	8	23	23	10	20	85
		1·0	0·1	0·5	0·6	0·8	0·9	0·0	0·7	0·3	0·4	0·5	0·8	0·0	0·1	0·1	0·2	0·0	0·0	0·2	0·3	0·4	0·5	0·6	0·8	0·5
	F	2	3	15	13	5	22	0	3	4	7	2	10	0	1	0	0	1	0	2	7	19	20	8	34	90
		1·4	0·4	0·7	0·7	0·7	2·1	0·0	0·3	0·1	0·3	0·3	0·8	0·0	0·1	0·0	0·0	1·2	0·0	0·4	0·3	0·3	0·4	0·5	1·3	0·5
Obesity	M	0	3	8	7	1	2	2	32	55	53	14	18	3	8	13	13	0	5	5	44	78	74	15	26	242
		0·0	0·4	0·3	0·3	0·1	0·1	1·2	3·8	2·4	2·7	2·7	1·5	2·4	1·4	1·8	2·9	0·0	3·2	1·3	2·0	1·4	1·6	1·0	1·0	1·5
	F	1	4	14	19	8	6	2	29	78	103	20	32	5	35	32	26	4	6	8	70	128	150	32	46	434
		0·7	0·6	0·6	1·0	1·1	0·5	0·9	3·2	3·6	5·3	3·8	2·6	3·7	6·1	5·9	7·4	4·8	4·0	1·6	3·2	2·5	3·4	2·3	1·8	2·7
Inguinal Hernia	M	1	0	7	2	0	1	0	0	0	0	0	2	0	0	0	0	0	0	1	0	7	2	1	4	15
		1·0	0·0	0·3	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·1	0·0	0·0	0·1	0·0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
Umbilical Hernia	M	1	1	2	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	0	3	9
		1·0	0·1	0·0	0·1	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·1	0·0
	F	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	1	4
		0·7	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·0	0·0	0·0	0·0	0·0	0·0
Constipation	M	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1	3
		0·0	0·0	0·0	0·0	0·1	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
	F	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	1	0	0	3
		0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

Swollen Glands	M	0	8	19	11	12	12	0	1	4	1	1	3	0	0	0	0	0	0	1	10	26	13	13	19	82
		0·0	1·2	0·8	0·5	1·5	1·1	0·0	0·1	0·1	0·0	0·1	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·2	0·4	0·4	0·2	0·9	0·7	0·5
	F	9	7	10	5	1	6	1	2	3	4	0	1	0	0	0	0	0	0	10	9	14	9	2	7	51
		6·6	1·1	0·4	0·2	0·1	0·5	0·4	0·2	0·1	0·2	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	2·0	0·4	0·2	0·2	0·1	0·2	0·3
Debility and Undue Fatigue	M	0	3	6	1	2	5	0	0	2	3	2	7	0	0	0	0	0	0	0	3	8	4	4	15	34
		0·0	0·4	0·2	0·0	0·2	0·4	0·0	0·0	0·0	0·1	0·3	0·6	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·1	0·1	0·0	0·2	0·6	0·2
	F	0	1	3	7	1	1	0	1	1	5	1	7	0	0	0	0	0	1	0	2	4	12	2	9	29
		0·0	0·1	0·1	0·3	0·1	0·0	0·0	0·1	0·0	0·2	0·1	0·5	0·0	0·0	0·0	0·0	0·0	0·6	0·0	0·0	0·0	0·2	0·1	0·3	0·1
Miscellaneous	M	0	6	31	18	8	19	2	3	18	20	5	9	1	4	2	0	0	0	3	14	54	41	14	28	154
		0·0	0·9	1·4	0·9	1·0	1·8	1·2	0·3	0·8	1·0	1·0	0·7	0·8	0·7	0·2	0·0	0·0	0·0	0·7	0·6	1·0	0·9	0·9	1·1	0·9
	F	0	5	26	18	5	15	2	6	21	18	4	12	3	4	5	1	0	2	5	15	54	40	9	31	154
		0·0	0·8	1·2	0·9	0·7	1·4	0·9	0·6	0·9	0·9	0·7	1·0	2·2	0·7	0·9	0·2	0·0	1·3	1·0	0·7	1·0	0·9	0·6	1·2	0·9
TOTAL	M	3	22	94	59	34	59	4	43	93	91	25	54	5	14	18	15	0	5	13	82	215	171	61	127	669
		3·2	3·4	4·2	3·1	4·2	5·7	2·5	5·2	4·2	4·6	4·9	4·6	4·0	2·4	2·5	3·4	0·0	3·2	3·3	3·9	4·0	3·8	4·2	5·0	4·1
	F	15	21	75	71	25	59	6	43	113	143	31	63	8	42	40	28	5	10	29	108	237	247	62	139	822
		11·0	3·4	3·6	3·8	3·7	5·7	2·9	4·8	5·2	7·4	5·9	5·2	5·9	7·3	7·4	8·0	6·0	6·7	5·9	5·0	4·7	5·7	4·6	5·4	5·2
All Defects	M	54	412	1·614	1,507	698	883	63	441	1,326	1,189	354	855	61	307	396	275	46	102	185	1,207	3,456	3,102	1,159	1,984	11,093
TOTALS		58·0	64·0	73·4	79·8	87·9	85·3	40·3	53·5	59·9	60·9	70·6	73·7	48·8	53·9	57·1	62·3	65·7	65·3	48·3	57·4	65·4	70·1	80·8	79·3	68·8
	F	91	393	1,427	1,345	599	895	79	433	1,244	1,174	352	855	79	309	275	163	48	67	256	1,177	3,102	2,818	1,058	1,972	10,383
		66·9	64·3	69·0	73·2	89·2	86·3	38·9	49·2	57·5	60·8	68·0	71·5	58·5	54·4	51·1	46·5	57·8	45·2	52·1	55·0	62·4	65·4	79·0	77·7	65·8

TABLE 3

AVERAGE MEASUREMENTS OF SCHOOL CHILDREN RELATED TO SOCIAL CLASS

	5 Year-Olds				13-Year-Olds				16-Year-Olds				All Ages	
	Boys		Girls		Boys		Girls		Boys		Girls		Boys	Girls
	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight		
Social Class 1 (Professional)	93		136		156		203		125		135		383	491
	43·7	44·3	43·9	44·1	62·1	104·2	61·5	107·3	67·9	140·0	64·2	124·0		
Social Class 2 (Intermediate) ...	643		611		824		879		569		568		2,100	2,138
	43·1	43·4	43·0	42·5	62·4	103·4	61·2	106·0	67·7	134·4	63·6	123·3		
Social Class 3 (Skilled)	2,198		2,066		2,213		2,160		693		538		5,279	4,967
	42·7	42·4	42·4	41·4	60·1	97·4	60·3	103·4	67·0	131·7	62·8	121·6		
Social Class 4 (Semi-Skilled) ...	1,887		1,837		1,950		1,929		441		350		4,424	4,306
	42·5	42·1	42·3	41·4	60·0	96·9	60·1	103·3	67·3	132·2	62·7	123·7		
Social Class 5 (Unskilled)	794		671		501		517		70		83		1,434	1,339
	42·1	41·3	41·8	40·3	59·4	95·7	59·7	101·3	66·3	128·3	62·2	118·3		
Social Class 6 (Other and not known)	1,035		1,036		1,159		1,195		156		148		2,500	2,536
	42·7	41·9	42·1	40·4	60·2	94·8	59·3	99·3	67·2	130·6	62·5	119·5		
Total Numbers Examined ...	6,650		6,357		6,803		6,883		2,054		1,822		16,120	15,777
	42·6	42·2	42·4	41·3	60·3	97·6	60·2	103·0	67·3	132·9	63·1	122·4		

TABLE 4

AVERAGE MEASUREMENTS OF SCHOOL CHILDREN BY POSITION IN FAMILY

Position in Family	5-Year-Olds				13-Year-Olds				16-Year-Olds				All Ages	
	Boys		Girls		Boys		Girls		Boys		Girls		Boys	Girls
	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight
1	1,932		1,816		2,239		2,323		956		837		5,318	5,202
	42·8	42·8	42·7	42·0	60·2	97·9	60·4	103·4	67·3	133·8	63·3	122·4		
2	1,725		1,674		2,126		2,117		653		573		4,663	4,535
	42·6	42·3	42·4	41·5	60·1	97·7	60·3	103·4	67·5	132·8	63·0	123·0		
3	1,239		1,229		1,254		1,212		271		238		2,870	2,799
	42·4	41·8	42·2	41·0	59·8	96·6	60·1	103·8	67·1	132·4	62·9	122·2		
4	804		714		628		689		99		99		1,598	1,576
	42·7	42·0	41·9	40·3	59·7	95·5	59·7	101·6	66·7	128·1	62·8	121·2		
5	427		421		309		285		41		42		820	800
	42·0	41·4	41·9	40·6	59·4	94·6	59·6	98·3	66·5	129·6	62·1	119·4		
6	251		244		134		145		22		21		432	445
	41·9	41·4	41·5	39·9	59·0	92·5	59·3	99·3	66·7	128·0	62·9	120·7		
7	147		131		70		54		8		11		236	214
	42·3	42·3	41·7	40·4	59·3	93·4	59·2	103·3	66·8	131·8	64·0	117·6		
8	67		80		25		37		4		0		103	127
	41·5	40·7	41·8	40·0	59·4	95·9	59·3	98·0	67·2	129·8	0·0	0·0		
9	34		27		8		11		0		0		46	42
	41·5	41·0	41·8	40·0	61·7	104·7	59·7	93·5	0·0	0·0	0·0	0·0		
10	12		9		3		6		0		1		15	19
	42·0	40·2	40·8	38·6	59·6	86·0	61·2	101·1	0·0	0·0	65·0	133·5		
11	3		6		0		4		0		0		3	11
	40·5	39·6	42·4	40·8	0·0	0·0	58·3	89·2	0·0	0·0	0·0	0·0		
12	2		1		0		1		0		0		2	3
	43·0	42·5	37·0	27·5	0·0	0·0	56·0	89·0	0·0	0·0	0·0	0·0		
13	0		3		2		3		0		0		2	6
	0·0	0·0	42·0	43·6	56·7	76·5	56·3	89·6	0·0	0·0	0·0	0·0		
14—20 and over	0		0		0		0		0		0		0	0
	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0

TABLE 5

AVERAGE MEASUREMENTS OF SCHOOL CHILDREN IN MONTHS BEYOND YEAR OF AGE

	5 Year Olds				13 Year Olds				16 Year Olds			
	Boys		Girls		Boys		Girls		Boys		Girls	
	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight
Average Months Beyond Age	4·3		4·8		5·3		5·0		4·5		4·7	
Months Beyond Age—												
0 - 1 Months	41·7	40·5	41·3	39 8	58·6	88·8	58·8	100·3	66·3	126·8	62·6	119·4
1 - 2 Months	41·9	41·3	41·7	40 0	58·7	92·0	59·5	100·5	66·7	128·3	63·2	121·4
2 - 3 Months	42·2	41·5	41·9	40 3	58·9	91·5	59·6	99·7	66·5	127·9	62·9	120·0
3 - 4 Months	42·3	41·8	41·7	40·3	60·2	96·2	59·6	100·1	67·2	134·2	63·1	120·8
4 - 5 Months	42·5	42·0	42·2	40·9	59·5	94·4	60·1	101·6	67·2	132·9	63·5	124·9
5 - 6 Months	42·7	42·7	42·2	40·8	59·7	96·4	60·0	102·0	67·1	132·8	63·0	122·9
6 - 7 Months	42·6	42·3	43·2	42·1	62·5	100·2	60·4	104·7	67·5	136·0	63·1	123·1
7 - 8 Months	43·8	43·6	42·7	42·3	60·1	97·0	60·1	103·1	68·1	133·5	63·3	123·3
8 - 9 Months	43·2	43·2	43·0	42·2	60·2	98·7	60·4	104·3	67·5	137·9	62·9	125·1
9 - 10 Months	43·6	43·8	43·1	42·3	60·2	98·6	60·6	103·9	67·5	135·2	63·1	122·0
10 - 11 Months	43·6	44·1	43·4	43·3	61·8	101·0	60·4	104·3	68·3	137·9	63·6	125·0
11 - 12 Months	43·8	44·6	43·5	43·9	61·0	102·5	60·7	105·8	68·2	137·7	62·9	122·9

TABLE 6

ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS

(PERCENTAGES IN BRACKETS)

	Entrants		13 Year Old		16 Year Olds		All Ages		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Parents Present at Examination	6,144 (93·1)	5,872 (92·8)	931 (13·7)	917 (13·3)	43 (2·0)	47 (2·5)	7,509 (46·8)	7,280 (46·3)	14,789 (46·5)
Parents notified of defects requiring treatment ...	3,090 (46·8)	2,872 (45·4)	2,672 (39·4)	2,478 (36·1)	790 (38·5)	526 (28·9)	6,850 (42·7)	6,219 (39·6)	13,069 (41·1)
Children noted for re-inspection as "at risk" cases	693 (10·5)	700 (11·0)	731 (10·7)	831 (12·1)	182 (8·8)	255 (14·0)	1,668 (10·4)	1,862 (11·8)	3,530 (11·1)
Children free from defects in terms of Table 7—									
(*a*) No recorded defect	2,692 (40·7)	2,673 (42·2)	3,316 (48·9)	3,470 (50·6)	1,048 (51·1)	999 (54·9)	7,284 (45·4)	7,432 (47·3)	14,716 (46·3)
(*b*) Defects of Clothing only	8 (0·1)	2 (0·0)	10 (0·1)	5 (0·0)	1 (0·0)	0 (0·0)	21 (0·1)	7 (0·0)	28 (0·0)
(*c*) Defects of Cleanliness only	59 (0·8)	103 (1·6)	144 (2·1)	294 (4·2)	10 (0·4)	6 (0·3)	222 (1·3)	422 (2·6)	644 (2·0)
(*d*) Minor Dental Defects	952 (14·4)	1,007 (15·9)	733 (10·8)	555 (8·1)	111 (5·4)	49 (2·6)	1,872 (11·6)	1,713 (10·9)	3,585 (11·2)
Teeth—Sound	4,532 (68·6)	4,329 (68·4)	5,511 (81·3)	5,842 (85·2)	1,809 (88·2)	1,698 (93·3)	12,282 (76·6)	12,386 (78·8)	24,668 (77·7)
One to Four Decayed	1,704 (25·8)	1,687 (26·6)	1,193 (17·6)	944 (13·7)	232 (11·3)	111 (6·1)	3,280 (20·4)	2,910 (18.5)	6,190 (19·5)
Five or More Decayed	363 (5·5)	305 (4·8)	70 (1·0)	65 (0·9)	8 (0·3)	9 (0·4)	471 (2·9)	408 (2·5)	879 (2·7)

Visual Acuity—Good 6/6	6,239 (94·5)	5,962 (94·3)	5,928 (87·5)	5,850 (85·3)	1,771 (86·4)	1,524 (83·8)	14,486 (90·3)	13,980 (89·0)	28,460 (89·6)
Fair 6/9, 6/12	308 (4·6)	319 (5·0)	655 (9·6)	805 (11·7)	225 (10·9)	239 (13·1)	1,241 (7·7)	1,424 (9·0)	2,665 (8·3)
Bad 6/18, etc.	52 (0·7)	40 (0·6)	191 (2·8)	196 (2·8)	53 (2·5)	55 (3·0)	306 (1·9)	300 (1·9)	606 (1·9)
Diphtheria Immunisation—Partial	172 (2·6)	120 (1·8)	64 (0·9)	49 (0·7)	4 (0·1)	5 (0·2)	252 (1·5)	191 (1·2)	443 (1·3)
Completed	5,805 (87·9)	5,664 (89·6)	6,365 (93·9)	6,459 (94·2)	1,996 (97·4)	1,776 (97·6)	14,682 (91·5)	14,511 (92·4)	29,193 (91·9)
Not immunised ...	622 (9·4)	537 (8·4)	345 (5·0)	343 (5·0)	49 (2·3)	37 (2·0)	1,099 (6·8)	1,002 (6·3)	2,101 (6·6)
Smallpox Vaccination—Successful	2,757 (41·7)	2,765 (43·7)	3,783 (55·8)	3,903 (56·9)	1,602 (78·1)	1,465 (80·5)	8,409 (52·4)	8,454 (53·8)	16,863 (53·1)
Successful Revaccination	25 (0·3)	24 (0·3)	42 (0·6)	34 (0·4)	14 (0·6)	7 (0·3)	87 (0·5)	72 (0·4)	159 (0·5)
Unsuccessful or none ...	3,817 (57·8)	3,532 (55·8)	2,949 (43·5)	2,914 (42·5)	433 (21·1)	346 (19·0)	7,537 (47·0)	7,178 (45·7)	14,715 (46·3)
Tuberculin Test—Negative	566 (8·5)	598 (9·4)	147 (2·1)	128 (1·8)	21 (1·0)	20 (1·1)	794 (4·9)	802 (5·1)	1,596 (5·0)
Positive	3 (0·0)	3 (0·0)	185 (2·7)	198 (2·8)	63 (3·0)	81 (4·4)	257 (1·6)	287 (1·8)	544 (1·7)
B.C.G. Vaccination	4,855 (73·5)	4,655 (73·6)	5,552 (81·9)	5,609 (81·8)	1,904 (92·9)	1,648 (90·6)	12,723 (79·3)	12,436 (79·1)	25,159 (79·2)
Colour Vision—Positive	6,414 (97·1)	6,271 (99·2)	6,468 (95·4)	6,827 (99·6)	1,968 (96·0)	1,808 (99·4)	15,442 (96·3)	15,615 (99·4)	31,057 (97·8)
Negative	185 (2·8)	50 (0·7)	306 (4·5)	24 (0·3)	81 (3·9)	10 (0·5)	591 (3·6)	89 (0·5)	680 (2·1)

TABLE 7

NUMBERS AND PERCENTAGES OF CHILDREN IN ORDINARY SCHOOLS PLACED IN VARIOUS MEDICAL CLASSES ACCORDING TO THE REMEDIABILITY OF THE MAJOR DEFECTS FOUND IN THE INDIVIDUAL CHILD

		Entrants		13 Year Olds		16 Year Olds		All Ages		
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Medical Classification—										
I	Free from defect or having defect of clothing, cleanliness and/or minor defects of teeth only.	3,711 (56·2)	3,785 (59·8)	4,203 (62·0)	4,324 (63·1)	1,170 (57·1)	1,054 (57·9)	9,399 (58·6)	9,574 (60·9)	18,973 (59·7)
II	Having one or more minor defects of vision and/or dental defects requiring treatment ...									
	(*a*) Vision not worse than 6/12 in the better eye with or without glasses, or... ...	80 (1·2)	101 (1·5)	160 (2·3)	222 (3·2)	61 (2·9)	56 (3·0)	311 (1·9)	391 (2·4)	702 (2·2)
	(*b*) Oral Sepsis	212 (3·2)	209 (3·3)	45 (0·6)	37 (0·5)	6 (0·2)	4 (0·2)	286 (1·7)	270 (1·7)	556 (1·7)
	(*c*) Both (*a*) and (*b*)	3 (0·0)	9 (0·1)	1 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	4 (0·0)	11 (0·0)	15 (0·0)
	Totals	295 (4·4)	319 (5·0)	206 (3·0)	261 (3·8)	67 (3·2)	60 (3·3)	601 (3·7)	672 (4·2)	1,273 (4·0)
III	Having one or more defects other than above from which complete recovery is anticipated in a few weeks ("temporary" defects) ...	1,424 (21·5)	1,302 (20·5)	1,250 (18·4)	1,403 (20·4)	569 (27·7)	469 (25·7)	3,373 (21·0)	3,316 (21·1)	6,689 (21·0)

IV	Having one or more defects less remediable than those specified in II or III distinguishing cases where—								
	(*a*) Complete cure or restoration of function (in the case of eye defect full correction) is considered possible	811 (12·2)	567 (8·9)	646 (9·5)	473 (6·9)	150 (7·3)	163 (8·9)	1,668 (10·4)	1,267 (8·0)	2,935 (9·2)
	(*b*) Improvement only is considered possible, e.g. without complete restoration of function	345 (5·2)	330 (5·2)	396 (5·8)	347 (5·0)	86 (4·1)	71 (3·9)	889 (5·5)	794 (5·0)	1,683 (5·3)
	TOTALS	1,156 (17·5)	897 (14·1)	1,042 (15·3)	820 (11·9)	236 (11·5)	234 (12·8)	2,557 (15·9)	2,061 (13·1)	4,618 (14·5)
V	Having defects from which improvement is not considered possible	13 (0·1)	18 (0·2)	73 (1·0)	43 (0·6)	7 (0·3)	1 (0·0)	103 (0·6)	81 (0·5)	184 (0·5)
	TOTAL NUMBER EXAMINED ...	6,599	6,321	6,774	6,851	2·049	1,818	16,033	15,704	31,737

TABLE 8

NUMBERS AND PERCENTAGES OF CHILDREN IN ORDINARY SCHOOLS ARRANGED ACCORDING TO THEIR SOCIAL GROUP AND MEDICAL REMEDIABILITY CLASS

MEDICAL CLASS	1	3	3	4	5	6	Total
I	535 (61·5)	2,552 (60·3)	6,240 (61·2)	5,232 (60·2)	1,552 (56·2)	2,860 (57·1)	18,971 (59·7)
II	23 (2·6)	135 (3·1)	408 (4·0)	340 (3·9)	132 (4·7)	235 (4·6)	1,273 (4·0)
III	212 (24·3)	926 (21·9)	2,068 (20·3)	1,785 (20·5)	607 (21·9)	1,090 (21·7)	6,688 (21·0)
IV	98 (11·2)	599 (14·1)	1,427 (14·0)	1,284 (14·7)	447 (16·1)	762 (15·2)	4,617 (14·5)
V	1 (0·1)	14 (0·3)	44 (0·4)	38 (0·4)	22 (0·7)	57 (1·1)	176 (0·5)

(Medical classes as detailed in Table 7—social classes as given in Table 3).

TABLE 9

CHILDREN IN ORDINARY SCHOOLS PLACED IN CERTAIN MEDICAL "REMEDIABILITY" CLASSES ARRANGED ACCORDING TO NUMBER OF APARTMENTS IN THEIR HOUSES

(Percentages in Brackets)

	5 Year Olds			13 Year Olds			16 Year Olds			All Ages		
	III	IV	V	III	IV	V	III	IV	V	III	IV	V
One Apartment ...	37 (18·5)	34 (17·0)	0 (0·0)	17 (30·3)	3 (5·3)	1 (1·7)	1 (0·0)	0 (0·0)	0 (0·0)	60 (20·9)	42 (14·6)	1 (0·3)
Two Apartments ...	425 (20·7)	331 (16·1)	2 (0·0)	170 (18·5)	132 (14·3)	7 (0·7)	25 (21·9)	11 (9·6)	1 (0·8)	653 (20·1)	508 (15·6)	11 (0·3)
Three Apartments ...	1,162 (21·2)	887 (16·2)	16 (0·2)	900 (18·9)	677 (14·2)	30 (0·6)	275 (26·2)	121 (11·5)	3 (0·2)	2,442 (20·7)	1,781 (15·1)	63 (0·5)
Four Apartments ...	790 (21·0)	578 (15·3)	11 (0·2)	1,035 (19·1)	723 (13·3)	48 (0·8)	379 (27·8)	153 (11·2)	2 (0·1)	2,302 (21·0)	1,521 (13·8)	74 (0·6)
Five or More Apartments	299 (20·2)	215 (14·5)	2 (0·1)	505 (19·4)	324 (12·4)	16 (0·6)	354 (26·2)	184 (13·6)	2 (0·1)	1,189 (21·1)	754 (13·4)	21 (0·3)
Total	2,713 (20·9)	2,045 (15·7)	31 (0·2)	2,627 (19·1)	1,859 (13·5)	102 (0·7)	1,034 (26·6)	469 (12·1)	8 (0·2)	6,646 (20·8)	4,606 (14·4)	170 (0·5)

TABLE 10

NUMBER OF INMATES IN THE HOUSES OF CHILDREN EXAMINED (*Average Number in Brackets*)

	5 Year Olds		13 Year Olds		16 Year Olds		All Ages	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Ordinary Schools—								
One Apartment—								
Children Examined	100	99	22	33	1	0	133	152
	(1·5)	(1·5)	(0·3)	(0·4)	(0·0)	(0·0)	(0·8)	(0·9)
Inmates +10	200	230	79	144	5	0	307	418
	(2·0)	(2·3)	(3·5)	(4·3)	(5·0)	(0·0)	(2·3)	(2·7)
Inmates −10	229	249	28	39	1	0	279	335
	(2·2)	(2·5)	(1·2)	(1·1)	(1·0)	(0·0)	(2·0)	(2·2)
Total	429	479	107	183	6	0	586	753
	(4·2)	(4·8)	(4·8)	(5·5)	(6·0)	(0·0)	(4·4)	(4·9)
Two Apartments—								
Children Examined	1,072	975	454	449	55	59	1,663	1,558
	(16·2)	(15·3)	(6·6)	(6·5)	(2·6)	(3·2)	(10·3)	(9·8)
Inmates +10	2,558	2,297	1,813	1,774	211	228	4,795	4,512
	(2·3)	(2·3)	(3·9)	(3·9)	(3·8)	(3·8)	(2·8)	(2·8)
Inmates −10	2,852	2,605	512	482	32	23	3,590	3,302
	(2·6)	(2·6)	(1·1)	(1·0)	(0·5)	(0·3)	(2·1)	(2·1)
Total	5,410	4,902	2,325	2,256	243	251	8,385	7,814
	(5·0)	(5·0)	(5·1)	(5·0)	(4·4)	(4·2)	(5·0)	(5·0)
Three Apartments—								
Children Examined	2,784	2,691	2,312	2,406	586	461	5,910	5,837
	(42·0)	(42·4)	(33·8)	(34·8)	(28·5)	(25·3)	(36·7)	(37·0)
Inmates +10	2,112	6,936	9,546	9,906	2,310	1,793	19,656	19,492
	(2·5)	(2·5)	(4·1)	(4·1)	(3·9)	(3·8)	(3·3)	(3·3)
Inmates −10	6,947	6,703	2,074	2,160	198	183	9,720	9,644
	(2·4)	(2·4)	(0·8)	(0·8)	(0·3)	(0·3)	(1·6)	(1·6)
Total	14,059	13,639	11,620	12,066	2,508	1,976	29,376	29,136
	(5·0)	(5·0)	(5·0)	(5·0)	(4·2)	(4·2)	(4·9)	(4·9)

TABLE 10—*Continued*

Four Apartments—									
Children Examined	...	...	1,949 (29·4)	1,805 (28·4)	2,723 (39·9)	2,665 (38·6)	749 (36·4)	613 (33·6)	5,617 (34·8)	5,312 (33·6)
Inmates +10	...	...	6,290 (3·2)	5,884 (3·2)	13,196 (4·8)	12,780 (4·7)	3,362 (4·4)	2,805 (4·5)	23,561 (4·1)	22,362 (4·2)
Inmates −10	...	...	5,520 (2·8)	5,071 (2·8)	3,173 (1·1)	3,036 (1·1)	405 (0·5)	289 (0·4)	9,564 (1·7)	8,914 (1·6)
TOTAL	...	...	11,810 (6·0)	10,955 (6·0)	16,369 (6·0)	15,816 (5·9)	3,767 (5·0)	3,094 (5·0)	33,125 (5·8)	31,276 (5·8)
Five or More Apartments—									
Children Examined	...	...	708 (10·7)	769 (12·1)	1,275 (18·6)	1,318 (19·1)	662 (32·2)	688 (37·7)	2,735 (16·9)	2,884 (18·2)
Inmates +10	...	...	2,551 (3·6)	2,638 (3·4)	6,706 (5·2)	6,814 (5·1)	3,197 (4·8)	3,221 (4·6)	12,846 (4·6)	13,166 (4·5)
Inmates −10	...	...	1,903 (2·6)	2,100 (2·7)	1,419 (1·1)	1,431 (1·0)	330 (0·4)	365 (0·5)	3,828 (1·3)	4,109 (1·4)
TOTAL	...	...	4,454 (6·2)	4,738 (6·1)	8,125 (6·3)	8,245 (6·2)	3,527 (5·3)	3,586 (5·2)	16,674 (6·0)	17,275 (5·9)
Totals—									
Children Examined	...	...	6,613 (99·9)	6,339 (99·9)	6,786 (99·4)	6,871 (99·5)	2,053 (100·0)	1,821 (100·0)	16,058 (99·7)	15,743 (99·8)
Inmates +10	...	...	18,711 (2·8)	17,985 (2·8)	31,340 (4·6)	31,418 (4·5)	9,085 (4·4)	8,047 (4·4)	61,165 (3·8)	59,950 (3·8)
Inmates −10	...	...	17,451 (2·6)	16,728 (2·6)	7,206 (1·0)	7,148 (1·0)	966 (0·4)	860 (0·4)	26,981 (1·6)	26,304 (1·6)
TOTAL	...	...	36,162 (5·4)	34,713 (5·4)	38,546 (5·6)	38,566 (5·6)	10,051 (4·8)	8,907 (4·8)	88,146 (5·4)	86,254 (5·4)

TABLE 10—*Continued*

	5 Year Olds		13 Year Olds		16 Year Olds		All Ages	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Special Schools—								
One Apartment—								
Children Examined	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	1 (0·0)	0 (0·0)
Inmates +10	0 (0·0)	0 (0·0)	3 (3·0)	0 (0·0)	0 (0·0)	0 (0·0)	3 (3·0)	0 (0·0)
Inmates −10	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)
Total	0 (0·0)	0 (0·0)	3 (3·0)	0 (0·0)	0 (0·0)	0 (0·0)	3 (3·0)	0 (0·0)
Two Apartments—								
Children Examined	0 (0·0)	0 (0·0)	11 (0·1)	4 (0·0)	0 (0·0)	0 (0·0)	11 (0·0)	4 (0·0)
Inmates +10	0 (0·0)	0 (0·0)	45 (4·0)	20 (5·0)	0 (0·0)	0 (0·0)	45 (4·0)	20 (5·0)
Inmates −10	0 (0·0)	0 (0·0)	11 (1·0)	5 (1·2)	0 (0·0)	0 (0·0)	11 (1·0)	5 (1·2)
Total	0 (0·0)	0 (0·0)	56 (5·0)	25 (6·2)	0 (0·0)	0 (0·0)	56 (5·0)	25 (6·2)
Three Apartments—								
Children Examined	0 (0·0)	0 (0·0)	12 (0·1)	12 (0·1)	0 (0·0)	0 (0·0)	13 (0·0)	12 (0·0)
Inmates +10	0 (0·0)	0 (0·0)	55 (4·5)	45 (3·7)	0 (0·0)	0 (0·0)	59 (4·5)	45 (3·7)
Inmates −10	0 (0·0)	0 (0·0)	12 (1·0)	13 (1·0)	0 (0·0)	0 (0·0)	13 (1·0)	13 (1·0)
Total	0 (0·0)	0 (0·0)	67 (5·5)	58 (4·8)	0 (0·0)	0 (0·0)	72 (5·5)	58 (4·8)

Four Apartments—									
Children Examined	2 (0·0)	1 (0·0)	9 (0·1)	11 (0·1)	0 (0·0)	0 (0·0)	13 (0·0)	12 (0·0)
Inmates +10	5 (2·5)	2 (2·0)	44 (4·8)	43 (3·9)	0 (0·0)	0 (0·0)	56 (4·3)	45 (3·7)
Inmates −10	6 (3·0)	3 (3·0)	16 (1·7)	9 (0·8)	0 (0·0)	0 (0·0)	23 (1·7)	12 (1·0)
TOTAL	11 (5·5)	5 (5·0)	60 (6·6)	52 (4·7)	0 (0·0)	0 (0·0)	79 (6·0)	57 (4·7)
Five or More Apartments—								
Children Examined	0 (0·0)	0 (0·0)	2 (0·0)	2 (0·0)	0 (0·0)	0 (0·0)	2 (0·0)	2 (0·0)
Inmates +10	0 (0·0)	0 (0·0)	15 (7·5)	9 (4·5)	0 (0·0)	0 (0·0)	15 (7·5)	9 (4·5)
Inmates −10	0 (0·0)	0 (0·0)	1 (0·5)	4 (2·0)	0 (0·0)	0 (0·0)	1 (0·5)	4 (2·0)
TOTAL	0 (0·0)	0 (0·0)	16 (8·0)	13 (6·5)	0 (0·0)	0 (0·0)	16 (8·0)	13 (6·5)
Totals—								
Children Examined	2 (0·0)	1 (0·0)	35 (0·5)	29 (0·4)	0 (0·0)	0 (0·0)	40 (0·2)	30 (0·1)
Inmates +10	5 (2·5)	2 (2·0)	162 (4·6)	117 (4·0)	0 (0·0)	0 (0·0)	178 (4·4)	119 (3·9)
Inmates −10	6 (3·0)	3 (3·0)	40 (1·1)	31 (1·0)	0 (0·0)	0 (0·0)	48 (1·2)	34 (1·1)
TOTAL	11 (5·5)	5 (5·0)	202 (5·7)	148 (5·1)	0 (0·0)	0 (0·0)	226 (5·6)	153 (5·1)

ORDINARY AND SPECIAL SCHOOLS—										
Totals—										
Children Examined	6,615 (100·0)	6,340 (100·0)	6,821 (100·0)	6,900 (100·0)	2,053 (100·0)	1,821 (100·0)	16,098 (100·0)	15,773 (100·0)
Inmates +10	18,716 (2·8)	17,987 (2·8)	31,502 (4·6)	31,535 (4·5)	9,085 (4·4)	8,047 (4·4)	61,343 (3·8)	60,069 (3·8)
Inmates −10	17,457 (2·6)	16,731 (2·6)	7,246 (1·0)	7,179 (1·0)	966 (0·4)	860 (0·4)	27,029 (1·6)	26,338 (1·6)
TOTAL	36,173 (5·4)	34,718 (5·4)	38,748 (5·6)	38,714 (5·6)	10,051 (4·8)	8,907 (4·8)	88,372 (5·4)	86,407 (5·4)

TABLE 11

CHILDREN IN ORDINARY SCHOOLS ARRANGED ACCORDING TO REMEDIABILITY, OVERCROWDING AND OCCUPANCY

(PERCENTAGES IN BRACKETS)

	5 YEAR OLDS			13 YEAR OLDS			16 YEAR OLDS			ALL AGES		
	I, II	III	IV, V	I, II	III	IV, V	I, II	III	IV, V	I, II	III	IV, V
Not Overcrowded—												
Landlord	104 (65·0)	31 (19·3)	25 (15·6)	61 (67·7)	15 (16·6)	14 (15·5)	29 (59·1)	15 (30·6)	5 (10·2)	205 (65·7)	62 (19·8)	45 (14·4)
Tenant	6,591 (62·9)	2,197 (20·9)	1,675 (16·0)	7,470 (66·8)	2,113 (18·9)	1,588 (14·2)	2,169 (61·1)	944 (26·5)	436 (12·2)	16,854 (64·2)	5,466 (20·8)	3,904 (14·8)
Lodger	122 (67·7)	31 (17·2)	27 (15·0)	33 (68·7)	10 (20·8)	5 (10·4)	10 (83·3)	2 (16·6)	0 (0·0)	176 (66·6)	49 (18·5)	39 (14·7)
Institute	6 (66·6)	2 (22·2)	1 (11·1)	3 (50·0)	3 (50·0)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	10 (62·5)	5 (31·2)	1 (6·2)
TOTAL	6,823 (63·1)	2,261 (20·9)	1,728 (15·9)	7,567 (66·8)	2,141 (18·9)	1,607 (14·2)	2,208 (61·1)	961 (26·6)	441 (12·2)	17,245 (64·3)	5,582 (20·8)	3,989 (14·8)

TABLE 11—*Continued*

	5 Year Olds			13 Year Olds			16 Year Olds			All Ages		
	I, II	III	IV, V	I, II	III	IV, V	I, II	III	IV, V	I, II	III	IV, V
Moderately Overcrowded—												
Landlord	18	6	5	10	3	2	0	1	0	29	12	8
	(62·0)	(20·6)	(17·2)	(66·6)	(20·0)	(13·3)	(0·0)	(0·0)	(0·0)	(59·1)	(24·4)	(16·3)
Tenant	977	328	247	1,043	348	257	115	58	27	2,220	766	562
	(62·9)	(21·1)	(15·9)	(63·2)	(21·1)	(15·5)	(57·5)	(29·0)	(13·5)	(62·5)	(21·5)	(15·8)
Lodger	18	12	9	7	1	0	1	0	0	33	16	10
	(46·1)	(30·7)	(23·0)	(87·5)	(12·5)	(0·0)	(0·0)	(0·0)	(0·0)	(55·9)	(27·1)	(16·9)
Institute	2	1	1	1	0	0	0	0	0	4	1	1
	(50·0)	(25·0)	(25·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(66·6)	(16·6)	(16·6)
Total	1,015	347	262	1,061	352	259	116	59	27	2,286	795	581
	(62·5)	(21·3)	(16·1)	(63·4)	(21·0)	(15·4)	(57·4)	(29·2)	(13·3)	(62·4)	(21·7)	(15·8)
Much Overcrowded—												
Landlord	6	0	0	6	1	0	1	0	0	15	1	0
	(0·0)	(0·0)	(0·0)	(85·7)	(14·2)	(0·0)	(0·0)	(0·0)	(0·0)	(93·7)	(6·2)	(0·0)
Tenant	291	90	77	426	132	94	37	14	9	789	251	196
	(63·5)	(19·6)	(16·8)	(65·3)	(20·2)	(14·4)	(61·6)	(23·3)	(15·0)	(63·8)	(20·3)	(15·8)
Lodger	26	15	8	9	1	1	1	0	0	41	17	9
	(53·0)	(30·6)	(16·3)	(81·8)	(9·0)	(9·0)	(0·0)	(0·0)	(0·0)	(61·1)	(25·3)	(13·4)
Institute	2	0	1	0	0	0	0	0	0	3	0	1
	(66·6)	(0·0)	(33·3)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)	(75·0)	(0·0)	(25·0)
Total	325	105	86	441	134	95	39	14	9	848	269	206
	(62·9)	(20·3)	(16·6)	(65·8)	(20·0)	(14·1)	(62·9)	(22·5)	(14·5)	(64·0)	(20·3)	(15·5)
Totals—												
Landlord	128	37	30	77	19	16	30	16	5	249	75	53
	(65·6)	(18·9)	(15·3)	(68·7)	(16·9)	(14·2)	(58·8)	(31·3)	(9·8)	(66·0)	(19·8)	(14·0)
Tenant	7,859	2,615	1,999	8,939	2,593	1,939	2,321	1,016	472	19,863	6,483	4,662
	(63·0)	(20·9)	(16·0)	(66·3)	(19·2)	(14·3)	(60·9)	(26·6)	(12·3)	(64·0)	(20·9)	(15·0)

Lodger	166 (61·9)	58 (21·6)	44 (16·4)	49 (73·1)	12 (17·9)	6 (8·9)	12 (85·7)	2 (14·2)	0 (0·0)	250 (64·1)	82 (21·0)	58 (14·8)
Institute	10 (62·5)	3 (18·7)	3 (18·7)	4 (57·1)	3 (42·8)	0 (0·0)	0 (0·0)	0 (0·0)	0 (0·0)	17 (65·3)	6 (23·0)	3 (11·5)
TOTAL ALL GROUPS	8,163 (63·0)	2,713 (20·9)	2,076 (16·0)	9,069 (66·4)	2,627 (19·2)	1,961 (14·3)	2,363 (60·9)	1,034 (26·6)	477 (12·3)	20,379 (64·0)	6,646 (20·8)	4,776 (15·0)

The standards of occupancy for assessment of overcrowding adopted for the purposes of this Table and Table 12 were based on the Housing Acts and were as follows :—

Not overcrowded : one apartment, 2 adults ; two apartments, 3 adults ; three apartments, 5 adults ; four apartments, 7½ adults ; five apartments, 10 adults ; Children under 10 years of age were each taken as half-an-adult, two of such children being regarded as the equivalent of one adult.

TABLE 12

HEIGHTS AND WEIGHTS OF 5-YEAR OLD BOYS IN ORDINARY SCHOOLS ARRANGED ACCORDING TO NUMBERS OF APARTMENTS AND INMATES IN THEIR HOUSES

Number of Inmates—	1 APARTMENT Height (ins.)	1 APARTMENT Weight (lbs.)	2 APARTMENTS Height (ins.)	2 APARTMENTS Weight (lbs.)	3 APARTMENTS Height (ins.)	3 APARTMENTS Weight (lbs.)	4 APARTMENTS Height (ins.)	4 APARTMENTS Weight (lbs.)	5 OR MORE APARTMENTS Height (ins.)	5 OR MORE APARTMENTS Weight (lbs.)
1·5	13		10		8		3		1	
	41·9	42·5	43·3	44·4	44·8	49·0	44·1	48·3	40·0	40·0
2·0	10		29		37		5		3	
	42·4	42·7	42·8	43·8	43·0	43·9	44·0	43·4	42·5	41·5
2·5	13		110		219		59		26	
	41·7	41·1	42·7	42·3	42·6	42·4	43·4	44·3	43·1	43·5
3·0	19		293		786		250		138	
	42·0	41·5	42·5	42·1	42·8	42·7	43·1	43·3	43·5	43·8

TABLE 12—*Continued*

3·5	...	...	...	20	42·7	41·9	222	42·4	41·8	668	42·5	41·9	304	42·6	42·2	100	43·3	43·7
4·0	...	...	...	13	41·3	39·2	162	41·9	40·8	363	42·4	41·9	315	42·3	41·4	54	43·8	44·5
4·5	...	...	...	1	42·0	43·0	86	42·0	41·8	231	42·4	41·8	270	42·4	42·0	72	43·1	43·8
5·0				7	42·8	42·0	49	42·3	41·5	152	42·1	41·3	184	42·1	41·4	56	42·9	41·7
5·5	...	...	...	1	47·0	44·0	48	42·0	41·3	135	42·4	41·9	157	42·2	41·8	37	43·0	42·4
6·0	...	...	...	2	43·7	45·5	18	42·5	42·1	70	42·4	41·8	127	42·2	41·8	32	42·0	42·3
6·5	...	...	...	1	42·0	42·5	21	40·8	37·7	41	41·5	40·4	68	42·4	42·0	44	42·7	42·5
7·0	...	...	...	0	0·0	0·0	7	42·9	41·4	30	41·4	39·9	67	42·0	41·6	38	41·8	41·2
7·5	...	...	...	0	0·0	0·0	3	40·6	39·3	13	42·0	40·8	60	41·8	41·2	33	42·4	42·6
8·0	...	...	...	0	0·0	0·0	4	43·7	45·6	14	43·0	44·3	31	42·1	41·7	31	41·9	40·8
8·5	...	...	...	0	0·0	0·0	5	41·6	40·5	7	42·0	39·3	21	42·2	43·0	15	42·9	43·0
9·0	...	...	...	0	0·0	0·0	4	41·1	39·3	4	42·1	41·7	17	42·2	40·4	9	42·0	42·7
9·5	...	...	...	0	0·0	0·0	1	42·0	49·5	4	42·1	41·8	3	41·6	45·5	8	41·0	38·1
10 +	...	...	...	0	0·0	0·0	0	0·0	0·0	2	41·7	40·5	8	40·9	40·4	11	42·9	42·4
TOTAL	...	...	...	100			1,072			2,784			1,949			708		

TABLE 13

HEIGHTS AND WEIGHTS OF 5-YEAR-OLD GIRLS IN ORDINARY SCHOOLS ARRANGED ACCORDING TO NUMBERS OF APARTMENTS AND INMATES IN THEIR HOUSES

Number of Inmates—	1 Apartment		2 Apartments		3 Apartments		4 Apartments		5 or more Apartments	
	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)
1·5	9		15		12		2		0	
	42·8	40·8	43·7	42·9	42·5	42·7	41·5	39·0	0·0	0·0
2·0	9		20		36		9		2	
	43·0	41·7	41·5	40·5	42·6	42·4	43·6	44·7	41·0	38·0
2·5	10		112		222		61		30	
	40·9	39·0	42·3	41·6	42·6	41·9	43·3	43·0	43·6	45·0
3·0	18		260		719		236		132	
	41·9	40·7	42·2	40·9	42·5	41·7	43·0	42·1	43·6	44·2
3·5	14		221		611		257		147	
	42·0	40·0	42·1	40·6	42·3	41·1	42·4	41·5	43·4	42·9
4·0	15		126		354		271		87	
	41·5	39·4	41·9	40·6	42·1	41·0	42·4	41·1	43·3	43·3
4·5	8		81		268		250		67	
	41·2	39·8	42·0	40·4	42·0	40·6	42·2	41·2	43·1	42·8

TABLE 13—*Continued*

5·0	...	...	...	1	42·5	46·5	41	41·2	38·5	165	41·9	40·2	196	42·2	41·0	53	43·1	41·9
5·5	...	...	...	6	41·4	38·3	27	41·4	39·4	120	42·1	40·5	128	41·9	40·9	49	42·8	41·9
6·0	...	...	...	3	40·0	37·6	29	41·1	39·3	70	42·2	41·8	143	41·9	40·2	44	42·5	41·1
6·5	...	...	...	1	39·5	33·0	17	41·5	40·0	46	41·6	40·7	81	41·6	40·3	32	42·8	42·8
7·0	...	...	...	3	41·6	38·3	12	41·9	40·1	25	40·9	39·8	54	41·2	39·6	30	41·7	39·9
7·5	...	...	...	1	46·0	33·0	7	41·1	38·4	20	41·3	38·8	37	41·5	40·2	26	42·0	40·0
8·0	...	...	...	1	43·5	42·5	4	40·8	40·0	12	41·0	39·1	28	42·0	40·5	20	42·4	41·2
8·5	...	...	...	0	0·0	0·0	1	41·0	38·0	5	41·8	40·4	16	41·9	39·1	14	41·7	39·4
9·0	...	...	...	0	0·0	0·0	1	40·0	34·0	3	42·8	45·0	16	42·0	41·3	16	41·7	41·2
9·5	...	...	...	0	0·0	0·0	0	0·0	0·0	1	43·0	42·0	7	42·5	40·2	4	42·3	42·7
10+	...	...	...	0	0·0	0·0	1	35·0	32·0	2	36·0	28·0	13	41·8	40·8	16	41·5	40·0
TOTAL	...	...	...	99			975			2,691			1,805			769		

Tables 12 *and* 13—

N.B. For the purpose of Table 11, the groups above the heavy lines are regarded as not overcrowded, those within the lines as moderately overcrowded and those below the lines as much overcrowded.

TABLE 14

AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN ARRANGED ACCORDING TO NUMBER OF APARTMENTS IN THEIR HOUSES

	5-Year-Olds				13-Year-Olds				16-Year-Olds				All Ages	
	Boys		Girls		Boys		Girls		Boys		Girls		Boys	Girls
	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)		
Ordinary Schools—														
One Apartment ...	100		99		22		33		1		0		133	152
	42·2	41·6	41·8	39·9	59·2	93·0	59·7	98·4	68·0	140·0	0·0	0·0		
Two Apartments ...	1,072		975		454		449		55		59		1,663	1,558
	42·3	41·7	42·0	40·6	59·6	94·9	59·6	99·7	66·5	129·9	62·2	120·7		
Three Apartments ...	2,784		2,691		2,312		2,406		586		461		5,910	5,837
	42·5	42·1	42·2	41·2	59·8	96·7	60·1	103·4	66·9	131·7	62·6	122·0		
Four Apartments ...	1,949		1,805		2,723		2,665		749		613		5,617	5,312
	42·4	42·0	42·3	41·2	59·8	96·5	60·0	102·3	67·2	131·9	62·9	122·6		
Five or more Apartments ...	708		769		1,275		1,318		662		688		2,735	2,884
	42·9	43·0	43·0	42·6	60·7	99·7	60·7	104·6	67·7	135·3	63·6	122·5		
Total	6,613		6,339		6,786		6,871		2,053		1,821		16,058	15,743
	42·5	42·1	42·3	41·2	60·0	97·1	60·2	103·0	67·3	132·9	63·1	122·4		

TABLE 14—*Continued*

	5-Year-Olds				13-Year-Olds				16-Year-Olds				All Ages	
	Boys Height (ins.)	Girls Weight (lbs.)	Boys Height (ins.)	Girls Weight (lbs.)	Boys Height (ins.)	Girls Weight (lbs.	Boys Height (ins.)	Girls Weight (lbs.)	Boys Height (ins.)	Girls Weight (lbs.)	Boys Height (ins.)	Girls Weight (lbs.)	Boys	Girls
Special Schools—														
One Apartment ...	0	0·0	0	0·0	1	57·5 88·5	0	0·0	0	0·0	0	0·0	1	0
Two Apartments ...	0	0·0	0	0·0	11	56·4 84·5	4	57·1 83·2	0	0·0	0	0·0	11	4
Three Apartments ...	0	0·0	0	0·0	12	57·7 93·8	12	58·3 92·3	0	0·0	0	0·0	13	12
Four Apartments ...	2	39·7 37·0	1	40·0 37·0	9	56·0 81·4	11	58·9 93·3	0	0·0	0	0·0	13	12
Five or more Apartments	0	0·0	0	0·0	2	59·0 101·5	2	58·5 90·5	0	0·0	0	0·0	2	2
Total	2	39·7 37·0	1	40·0 37·0	35	56·9 88·0	29	58·4 91·3	0	0·0 0·0	0	0·0 0·0	40	30
Ordinary and Special Schools—														
Totals	6,615	42·5 42·1	6,340	42·3 41·2	6,821	59·9 97·0	6,900	60·1 102·9	2,053	67·3 132·9	1,821	63·1 122·4	16,098	15,773

TABLE 15

AVERAGE HEIGHTS AND WEIGHTS BY AUTHORITIES AND SCOTLAND

	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
Local Authority	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)	Height (ins.)	Weight (lbs.)
Aberdeen Burgh ...	42·82	43·56	42·43	42·46	—	—	—	—
Dundee	42·89	42·11	42·56	41·16	60·64	97·40	60·91	103·65
Edinburgh ...	42·80	42·51	42·56	41·59	60·97	98·92	61·22	104·40
Glasgow	**42·51**	**42·23**	**42·29**	**41·30**	**59·84**	**96·93**	**60·05**	**102·88**
Aberdeen County	43·93	44·48	43·66	43·60	—	—	—	—
Angus	43·92	44·72	43·61	44·08	60·54	98·79	60·92	105·29
Argyll	44·61	46·17	44·16	44·94	60·88	98·21	61·28	106·29
Ayr County ...	43·52	43·74	43·19	42·54	60·88	100·05	61·02	105·33
Banff	43·44	43·84	42·89	42·41	60·75	100·16	60·77	105·97
Berwick	42·95	42·52	42·83	41·74	60·70	100·77	61·12	105·13
Bute	43·19	43·51	42·94	42·22	61·21	102·23	60·86	105·30
Caithness	43·52	43·64	43·54	43·47	61·78	104·68	61·19	106·49
Clackmannan ...	42·70	41·98	42·41	41·08	60·96	99·02	60·90	104·97
Dumfries County	43·82	43·10	43·62	42·51	60·99	96·98	61·23	103·63
Dunbarton ...	43·38	43·18	43·04	42·16	60·82	98·72	60·69	102·73
East Lothian ...	43·28	43·61	42·79	42·25	60·91	100·59	61·16	107·35
Fife...	43·21	42·84	42·77	41·69	61·00	99·27	60·85	104·19
Inverness County	43·61	44·04	43·46	43·09	61·82	104·08	61·34	105·43
Kincardine ...	44·33	44·78	43·98	43·94	61·27	102·77	62·13	109·34
Kirkcudbright ...	43·45	43·67	42·96	41·93	61·60	103·42	61·31	109·29
Lanark	43·77	43·72	43·44	42·76	60·63	95·75	60·91	102·46
Midlothian... ...	43·65	43·49	43·46	42·80	60·66	98·67	60·68	105·06
Moray and Nairn	43·04	42·82	42·71	41·74	60·79	100·94	60·86	105·37
Orkney	43·65	44·45	44·18	44·18	61·78	105·29	61·50	108·64
Peebles	43·87	44·19	44·36	43·76	61·09	100·44	61·27	102·80
Perth and Kinross	43·45	43·46	43·49	43·01	60·57	99·38	61·09	107·54
Renfrew	42·91	42·52	42·58	41·73	60·36	97·53	60·42	102·40
Ross and Cromarty	43·58	43·34	43·18	42·16	61·37	102·10	61·34	107·83
Roxburgh	42·63	41·98	42·53	41·70	61·59	101·80	61·42	104·45
Selkirk	42·76	41·85	42·42	41·35	61·27	102·16	60·96	106·41
Stirling County ...	44·19	45·06	43·80	44·18	60·98	99·68	61·03	106·49
Sutherland ...	43·93	44·30	43·48	43·80	61·24	103·26	61·21	107·81
West Lothian ...	43·02	42·70	42·88	41·92	61·31	100·36	60·07	103·11
Wigtown	43·53	43·99	43·24	43·10	61·04	101·67	61·18	108·28
Zetland	45·75	47·25	45·50	46·82	61·76	111·08	62·37	109·60
Scotland	**43·27**	**43·22**	**42·97**	**42·26**	**60·63**	**98·45**	**60·74**	**104·06**

TABLE 16

SYSTEMATIC EXAMINATION OF CHILDREN IN SCHOOLS

Other Age-Groups

The medical record card provides for statistical information relating to entrant, thirteen-year-old and sixteen-year-old children. During the year, however, the results of systematic examination of children in age-groups outwith those mentioned were recorded for a selected list of defects. Altogether, 1,492 pupils were examined in the other age-groups. The results were as follows :—

Numbers and Percentages of Children Suffering from Defects

Nature of Defects Found	Boys	Girls	Totals
Uncleanliness of Head (nits)	1	3	4 (0·2)
Skin Conditions of Head or Body	1	2	3 (0·2)
Dental Defects	3	3	6 (0·4)
Naso-pharyngeal Conditions	2	—	2 (0·1)
Eye Diseases (including Strabismus) ...	2	1	3 (0·2)
Defective Vision (for refraction)	2	2	4 (0·2)
Mental and Nervous Conditions	—	1	1 (0·0)
Pulmonary Conditions	1	—	1 (0·0)
Other Diseases or Defects	3	—	3 (0·2)

Total number of children examined—707 boys and 785 girls; total of **1,492**

TABLE 17

VISUAL ACUITY OF CHILDREN BORN IN 1962

Results of Eyesight (Snellen) Test

		Number and Percentage				
		1972			1971	1970
		Boys	Girls	Totals	Totals	Totals
Children who wore glasses at examination	With Glasses—					
	Good, 6/6	216 (4·1)	245 (4·9)	461 (4·5)	446 (4·1)	410 (4·4)
	Fair, 6/9	97 (1·8)	106 (2·1)	203 (2·0)	217 (1·9)	238 (2·5)
	Bad, 6/18	17 (0·3)	28 (0·6)	45 (0·4)	53 (0·4)	53 (0·6)
	Without glasses—					
	Good, 6/6	94 (1·8)	133 (2·7)	227 (2·0)	223 (2·0)	172 (1·8)
	Fair, 6/9	121 (2·3)	123 (2·5)	244 (2·4)	284 (2·5)	263 (2·8)
	Bad, 6/18	115 (2·1)	123 (2·5)	238 (2·3)	209 (1·8)	266 (2·8)
Children not wearing glasses at examination	Good, 6/6	4,464 (84·9)	4,142 (82·7)	8,606 (83·8)	9,246 (83·1)	7,746 (82·3)
	Fair, 6/9	345 (6·6)	382 (7·6)	727 (7·1)	816 (7·4)	741 (7·9)
	Bad, 6/18	120 (2·3)	108 (2·2)	228 (2·2)	232 (2·1)	217 (2·3)
		5,259	5,011	10,270	11,010	9,405

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

	Number and Percentage				
	1972			1971	1970
	Boys	Girls	Totals	Totals	Totals
Good, 6/6	4,680 (88·0)	4,387 (87·5)	9,067 (88·2)	9,692 (88·0)	8,156 (86·7)
Fair, 6/9	442 (8·4)	488 (9·7)	930 (9·0)	1,033 (9·3)	979 (10·4)
Bad, 6/18	137 (2·6)	136 (2·7)	273 (2·7)	285 (2·5)	270 (2·9)
	5,259	5,011	10,270	11,010	9,405

Of those with defective eyesight, 738 (369 boys and 369 girls) were recommended for refraction or retest.

TABLE 18

VISUAL ACUITY OF SEVEN-YEAR-OLD CHILDREN

A survey of seven-year-old children was undertaken during the session by the teams operating the Keystone apparatus. 221 schools were visited and 14,639 children (7,440 boys and 7,199 girls) were tested for visual acuity with the following results :—

Results of Test by Keystone Apparatus

		Number and Percentage		
		Boys	Girls	Totals
Children who wore glasses at examination	With Glasses—			
	Good, 6/6	152 (2·0)	173 (2·4)	325 (2·2)
	Fair, 6/9, 6/12	73 (0·9)	66 (0·9)	139 (0·9)
	Bad, 6/18	56 (0·7)	45 (0·6)	101 (0·7)
	Without Glasses—			
	Good, 6/6	78 (1·0)	91 (1·3)	169 (1·1)
	Fair, 6/9, 6/12	92 (1·2)	91 (1·3)	183 (1·3)
	Bad, 6/18	111 (1·5)	102 (1·4)	213 (1·6)
Children not wearing glasses at examination	Good, 6/6	6,505 (87·4)	6,216 (86·3)	12,721 (86·9)
	Fair, 6/9, 6/12	298 (4·0)	340 (4·8)	638 (4·4)
	Bad, 6/18	356 (4·8)	359 (5·0)	715 (4·9)
		7,440	7,199	14,639

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

Good, 6/6	6,657 (89·5)	6,389 (88·7)	13,046 (89·1)
Fair, 6/9, 6/12	371 (5·0)	406 (5·6)	777 (5·3)
Bad, 6/18	412 (5·5)	404 (5·6)	816 (5·6)
	7,440	7,199	14,639

Of those with defective eyesight, 1,282 (623 boys and 659 girls) were recommended for refraction or retest.

TABLE 19

OTHER EXAMINATIONS

(i) In Schools—	
Systematic Inspection of Nursery School Children	3,775
Other Examinations in Nursery Schools (including "at risk" cases)	1,656
Examinations for School Milk (7-12 year-old) ...	28,868
1962 age-group (Visual Acuity only) (by doctor/health visitor team)...	10,270
Special Cases (in respect of particular defects) ...	24,722
Re-inspection by Medical Officers	8,354
Leaving interviews	4,845
Examinations regarding Mental Defect	1,848
Discharges in Special Schools and Classes	2
Audiometric Surveys (by audiometricians) ...	18,342
Keystone Vision Screening by nurses (Survey of 7-year-olds)	14,639
Totals...	117,321
(ii) Mainly at Clinics—	
Applicants for Licences under the Corporation Bye-laws for Employment of Children	282
Adult Employees of the Corporation	762
Children as to fitness for School Journeys abroad, Educational Excursions, Camps, Etc.	13,939
Children as to fitness for admission to Residential Schools	8,520
Pre-vocational Students	1,259
Examinations in Assessment Centres	1,759
Totals	26,521
(iii) Cleanliness and Special Examinations—	
Cleanliness Inspections (by school nurses)	265,558

TABLE 20

SUMMARY OF INSPECTION AND TREATMENT STATISTICS

(of which details are given throughout Report)

A. Inspection

Type	Cases
Systematic Examinations	31,897
Other Examinations in Schools	117,321
Other Examinations mainly in Clinics ...	26,521
Cleanliness Examinations	265,558
Dental Inspections	46,574
Totals	487,871

TABLE 20—*Continued*

B. Treatment

Disease or Defect	Cases	Attendances
(*a*) Minor Ailments		
Ear—		
Examined only	551	8,287
Clinic Treatment	1,700	
Aurists' Examination	914	914
Aurists' Classifications	407	407
Audiometric Survey	1,372	1,372
Audiometric Ear Cases	95	95
	5,039	11,075
Eye	1,649	4,931
Skin—		
Cuts, minor injuries, etc.	5,715	97,233
Clinic Treatment	12,511	
Cleansing Clinics	2,242	7,048
Specialist's Cases	23	Included under "clinic treatment" above.'
Scabies Baths	728	2,623
	21,219	106,904
(*b*) Defective Vision—		
Clinic Treatment	7,190	7,638
Spectacles supplied	3,423	4,292
	10,613	11,930
(*c*) Ear, Nose and Throat—		
Tonsils and Adenoids and other E.N.T. Operations	309	299
	309	299
(*d*) Orthopaedic—		
Examined only	1,479	1,479
Treated by Exercises	1,467	15,544
Treated in Spastic Unit	52	9,040
	2,998	26,063
(*e*) Other Diseases—		
General	9,207	14,982
Supply of Medicines	3,462	7,511
Artificial Light...	285	5,208
Cardiac Cases	166	333
Neurological Cases	125	125
	13,245	28,159

TABLE 20—*Continued*

B. TREATMENT—Continued—

Disease or Defect	Cases	Attendances
(*f*) DENTAL		
Ordinary (including Emergency Cases)	27,805	85,121
Orthodontic	489	8,349
	28,294	93,470
(*g*) ASSESSMENT CENTRE	114	114
(*h*) DEFECTIVE SPEECH	1,434	12,793
(*i*) OCCUPATIONAL THERAPY	52	7,308
Totals ...	84,966	303,046

TABLE 21

DENTAL INSPECTION AND TREATMENT

(1) GENERAL STATISTICS :

	Number of Children seen at Routine Dental Inspection				Emergency Cases
	Number Inspected	With Dental Defects	Accepting Treatment	Total Number Treated	Number Treated
5	5,901	4,341	2,110	1,818	825
6	5,752	4,422	2,175	2,102	693
7	6,324	4,880	2,382	2,474	842
8	6,093	4,628	2,230	2,554	912
9	6,501	4,852	2,257	2,629	922
10	6,306	4,445	1,944	2,424	879
11	5,987	4,077	1,619	2,327	699
12	2,480	1,706	799	1,537	557
13	490	438	422	1,068	527
14	423	371	361	791	463
15	215	183	181	360	187
16	63	49	50	110	26
17 and over ...	39	32	32	62	17
Totals ...	46,574	34,424	16,562	20,256	7,549

Number of attendances for treatment : 5-17 years, **85,121**

TABLE 21—*Continued*

(2) Details of Treatment (*School Children*)

Fillings—permanent teeth	37,993
deciduous teeth	12,300
Extractions (incl. orthodontic)—	
permanent teeth	6,893
deciduous teeth	21,497
Administrations of general anaesthetic	3,559
Other operations—permanent teeth ...	26,295
deciduous teeth ...	6,132
Dentures—partial	247
full	8
Repairs to dentures	86
Radiographs—number of exposures (incl. orthodontic)	2,926

(3) Orthodontic Treatment :

Cases continued from previous year, 630 ; new cases, 489 ; completed cases, 383 ; discontinued cases, 100 ; cases continuing at end of year, 632 ; attendances for treatment, 8,349.

Diagnostic examinations, 644 ; number of removable appliances fitted, 918 ; repairs to appliances, 76.

(4) Additional Information :

Fillings of permanent teeth included 36 crowns, 82 gold inlays, 86 root treatments ; 72 pulp therapies were also carried out.

Statistics do not include Maternity and Child Welfare Work.

APPENDICES

INSPECTION OF SPECIAL CASES

("Non-Routine" and "At Risk")

Defects found in children presented for medical inspection as "Non-Routines"—29,569 children were presented for "non-routine" inspection (generally on account of defect observed or suspected by teachers); 28,195 of these were pupils in ordinary schools and 1,374 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were : nits minor, 2,086 ; nits major and/or vermin, 587 ; skin condition, 2,432 ; eye conditions (including defective vision, 4,256 ; ear, nose and throat defects, 2,093 ; "general" defects, 4,612 ; defective teeth, 2,631 ; no apparent disease, 2,949 ; and other causes, 7,923.

Re-inspection of "Cases at Risk"—The total number of re-inspections was 8,354. Of these, 5,093 (2,865 boys and 2,228 girls) in ordinary schools were found to have defects and 87 (48 boys and 39 girls) in special schools were also found to be suffering from ailments.

(Details of "non-routine" and "at risk" cases examined in Nursery Schools were given on page 166.)

OTHER SPECIAL INSPECTIONS

The following table includes children seen during the Routine Medical Inspection period at schools :—

Holiday Camps, Educational Excursions and Holidays at Home and Abroad (Spring and Summer, 1972).

		Boys		Girls	
		Final or Only Inspection		Final or Only Inspection	
		Number	Per Cent.	Number	Per Cent.
Fit	...	5,765	82·7	5,613	80·5
*Fit?...	...	1,065	15·3	1,218	17·5
Unfit	...	137	2·0	141	2·0
Totals	...	6,967		6,972	

*Doubtful Fitness

CLEANLINESS INSPECTION IN SCHOOLS BY NURSES

The results of inspection by Cleanliness Inspectresses are as follows :—

	Boys		Girls	
First Inspections—				
Examined ...	84,495		80,470	
Infested ...	7,134	(8·4%)	12,580	(15·6%)
Re-Inspections—				
Examined ...	44,456		56,137	
Infested ...	12,811	(28·8%)	23,025	(41·0%)

In 353 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Woman Assistants.

On re-inspection, 42 were found to have been cleansed at home by the parents and 124 to have been compulsorily disinfected at school or clinic.

Under Section 61 of the Education (Scotland) Act, 1962, 6 parents were convicted during the course of the year, the fines imposed being as follows :

3 of £2 ; 3 of £1 ; 1 case was admonished.

CLEANLINESS SUPERVISION BY SENIOR WOMAN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS

The following table gives the percentages of children in the 32 selected schools found to be "clean and well-cared for in every respect" at two general inspections during the Session :—

	First Inspection		Second Inspection	
	Boys	Girls	Boys	Girls
Six original schools (January, 1941)	84·8	74·4	80·9	72·1
All thirty-two selected schools ...	80·5	54·8	80·6	71·6

In the *six original schools*, percentages were reduced for boys and girls at both inspections, compared with last year.

For all *selected schools* percentages were reduced for boys and girls at first inspection and improved at second inspection.

The total numbers seen were :—

At first inspection ... 16,474 (8,772 boys and 7702 girls).
At second inspection ... 15,273 (7,787 boys and 7486 girls).

NURSERY SCHOOLS

At the end of June, 1972, the Education Department was responsible for the administration of 58 Nursery Schools and Classes within the City, having places for 4,704 children.

During the year, children in the nursery schools, to the number of 3,758 (1,879 boys and 1,879 girls), were subjected to "routine inspection". The results of these examinations are detailed below.

Routine Inspection :

Numbers and Percentages of Children suffering from Defects

Nature of Defects Found	Boys	Girls	Total	
Uncleanliness of Head (nits)	7	29	36	(0·9)
Skin Conditions of Head or Body	80	64	144	(3·8)
Defective Nutrition	17	19	36	(0·9)
Dental Defects	195	152	347	(9·2)
Naso-pharyngeal Conditions	198	177	375	(9·9)
Eye Diseases (including strabismus) ...	62	67	129	(3·4)
Defective Vision (for refraction)	21	15	36	(0·9)
Ear Disease (including defective hearing)	59	38	97	(2·6)
Defective Speech	62	67	129	(3·4)
Mental and Nervous Conditions	29	14	43	(1·1)
Defects of Circulatory System	21	22	43	(1·1)
Pulmonary Conditions	15	10	25	(0·7)
Deformities	45	26	71	(1·9)
Other Diseases or Defects	132	92	224	(5·9)

Inspection of Non-Routine Cases :

Children, to the number of 1,434, were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows :—

Head infestation, 12 ; skin conditions, 165 ; eye conditions, 293 ; ear, nose and throat defects, 206 ; "general" defects, 167 ; defective teeth, 109 ; no apparant disease, 212 ; and other causes, 270.

Re-Inspection of "At Risk" Cases :

Two hundred and twenty-two pupils were re-inspected during the Session.

PREVENTION OF TUBERCULOSIS

Teachers' Sick Pay Regulations

During the year ended 31st July, 1972, teachers, to the number of 1,860 (976 males and 884 females), were X-rayed.

The numbers recalled for large film (including report from Chest Physicians) were 12 men and 14 women, the diagnoses being as shown :—

	Males	Females
Active Pulmonary Tuberculosis	—	—
Inactive Pulmonary Tuberculosis (including calcified or fibrotic conditions)	4	3
Inactive Pulmonary Tuberculosis (pleural thickening)	—	1
Bone Defects	—	2
No apparent defect	8	8
Total	12	14

During the same year, 112 nursery assistants and 13 occupational centre assistants were X-rayed.

B.C.G. Vaccination Campaign, 1971 :

Total Schools visited ...	100
Total forms issued	15,590
Parental consents granted	15,292
Total absent	758
Total number tested ...	14,534

	Boys	Girls	Total
Mantoux Results—			
Positive ...	1,323	1,306	2,629
Negative ...	5,912	5,993	11,905
Vaccinations ...	5,906	5,992	11,898

Mass Radiography

Details of children X-rayed by the Mass Radiography Service of Elmbank Street are given in the following tables.

Dr. T. J. R. Miller, Medical Director of the Mass Radiography Service, reports as follows :—

2,037 mantoux positive pupils were X-rayed for the first time and 2,380 with a positive mantoux reaction the previous year had a repeat X-ray. The abnormalities detected in the primary and re-examination groups are recorded in Tables A snd B respectively.

Of 1,022 boys and 1,015 girls with a moderately positive reaction to the mantoux test, 1 girl, an incidence of 0·99 per 1,000 in girls and of 0·49 per 1,000 in the total number examined, was found to have active pulmonary tuberculosis.

Of 1,253 boys and 1,127 girls, mantoux positive a year earlier, 1 boy and 1 girl, an incidence of 0·84 per 1,000 in the total number examined, had active lesions. One of the girls in this group had inactive pulmonary tuberculosis.

No significant abnormalities were recorded in 235 boys and 220 girls X-rayed, but absent from the mantoux test.

TABLE A

MANTOUX REACTORS X-RAYED FOR THE FIRST TIME
ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE
YEAR ENDING 31st JULY, 1972

	No action after investigation		Referred to own doctor		Out-patient treatment		Observation		Sent to hospital		Total Number Examined (and rate per thousand)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
PULMONARY TUBERCULOSIS—													
Active	—	—	—	—	—	—	—	—	—	1	—	1 (0·99)	1 (0·49)
Healed primary	1	—	—	—	—	—	—	1	—	—	1 (0·98)	1 (0·99)	2 (0·98)
Inactive	—	—	—	—	—	—	—	—	—	—	—	—	—
Known cases	1	—	1	—	—	—	—	—	—	—	2 (1·96)	—	2 (0·98)
TOTAL	2	—	1	—	—	—	—	1	—	1	3 (2·94)	2 (1·97)	5 (2·45)

Numbers examined : 1,022 boys, 1,015 girls ; 2,037 total.

TABLE B

MANTOUX REACTORS X-RAYED A YEAR PREVIOUSLY

ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE

YEAR ENDING 31st JULY, 1972

	No action after investigation		Referred to own doctor		Out-patient treatment		Observation		Sent to hospital		Total Number Examined (and rate per thousand)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Active	—	—	—	—	—	—	—	—	—	1	—	1 (0·89)	1 (0·42)
? Active	—	—	1	—	—	—	—	—	—	—	1 (0·80)	—	1 (0·42)
Healed primary	1	1	—	—	1	—	1	—	—	—	3 (2·40)	1 (0·89)	4 (1·68)
Inactive	—	—	—	—	—	—	—	—	—	—	—	1 (0·89)	1 (0·42)
Known cases	—	—	—	1	—	—	—	—	—	—	—	1 (0·89)	1 (0·42)
TOTAL	1	1	1	1	1	—	1	—	—	1	4 (3·19)	4 (3·55)	8 (3·36)

Numbers examined : 1,253 boys, 1,127 girls; 2,380 total.

In addition, 235 boys and 220 girls, a total of 455 pupils, absent from the Mantoux Test, were X-rayed. No significant abnormalities were found in this group

Radiography Survey of Further Education Colleges :

During December, 1971 and February/March, 1972, the Mass Radiography Service examined students in four colleges of further education. Altogether, 3,317 (2,854 males and 463 females) were X-rayed, 23 (14 males and 9 females) of these being recalled for large film.

As usual, all those abnormalities of any significance were informed of the result and a report , together with an indication of the action considered advisable, was sent to their own doctor. Those requiring further assessment would be given an opportunity of attending the chest clinic for the area in which they were resident.

The following table summarises the results :—

	Male	*Female*	*Total*
Number examined	2,854	463	3,317
Recalled for large film ...	14	9	23
Pulmonary Tuberculosis—			
Active	—	—	—
Inactive	—	2	2
Known	1	—	1
	1	2	3
Other Abnormalities—			
Bronchial Carcinoma ...	1	—	1
Pneumonic Condition ...	1	—	1
	2	—	2

104 (43 males and 61 females) members of staff of the colleges were also X-rayed. There were no abnormalities found.

Rubella Vaccination Campaign

This campaign for 13 year-old girls, which was initiated last year, was again carried out in schools. The following summarises the results:—

Total schools visited	92
Total forms issued	7,326
Parental consents granted	7,236
Total absent	587
Not vaccinated for various reasons (including recent vaccination against other infections) ...	59
Total vaccinations	6,590

MEDICAL SUPERVISION OF RESIDENTIAL ASSESSMENT CENTRES

During the year ended 31st July, 1972, 1,813 boys were admitted to Larchgrove Centre and 243 girls to Beechwood Centre; Medical examinations were 1,519 boys and 240 girls and those found to be suffering from various ailments were, on the advice of the visiting School Medical Officer, disposed of as follows :—

54 boys were treated in the Centre, 3 at clinic ; and 3 were removed to hospital.

41 girls were treated in the Centre, 5 at clinic; 3 were X-rayed and 5 were removed to hospital.

IMMUNISATION CAMPAIGNS IN SCHOOLS

(i) Diphtheria and Tetanus :

Injections given by School Medical Officers—

First	Second	Reinforcing	Total Doses
5,272	4,924	23,659	33,855

(ii) Poliomyelitis :

Oral doses administered by School Nurses to children at primary schools—

First	Second	Third	Reinforcing	Total Doses
4,310	3,199	1,829	16,738	26,076

AUDIOMETRIC SURVEYS

A summary of the work done throughout the year is as follows :—

Survey No. XXIII (Children born in 1966)

	Routine	Non-routine	Total
No. of schools visited	—	—	226
No. of "sweep" tested in schools	16,906	1,436	18,342
No. failed in "sweep" test	1,358	126	1,484
No. examined by School Medical Officer...	Routine and Non-routine		999
No. recommended for threshold test by School Medical Officer	Routine and Non-routine		879
No. threshold tested	398	12	410
No. awaiting threshold test	168	7	175
No. awaiting treatment before having threshold test	Routine and Non-routine		15
No. did not attend for threshold test ...	Routine and Non-routine		279
No. attended for retest	3	—	3
No. awaiting retest	70	2	72
No. awaiting result of threshold test ...	Routine and Non-routine		1
No. graded	Routine and Non-routine		246
No. awaiting grading	442	26	468

The results of the 246 children graded were :—

	Routine	Non-routine	Total
Referred to Consultant	9	—	9
Graded—A	—	—	—
Graded—Normal	237	—	237
	246	—	246

Most of the remainder were at the end of the year awaiting testing, retesting, clinic treatment or grading.

The Consultant Aurist classified 100 cases from the various surveys as follows :—

	Boys	Girls	Total
Normal ...	49	36	85
Grade A ...	8	7	15
Grade B ...	—	—	—

Brought forward from Session 1971, were children from previous Surveys, some of whom were dealt with as follows :—

	Routine	Non-routine	Total
Referred to Consultant	14	—	14
Graded—A	—	—	—
Graded—Normal	467	6	473

MEDICAL EXAMINATIONS :

	First Examination		Re-Examination		
	Boys	Girls	Boys	Girls	Total
Summonses	837	967	306	337	2,447
Attendances	481	535	167	191	1,373
Examinations	481	535	167	190	1,372
RECOMMENDATIONS—					
Audiogram	433	470	109	127	1,139
Clinic treatment and audiogram	35	54	12	10	111
Speech therapy	5	5	—	1	11
Front seat in class	12	5	22	18	57
Lip-reading	1	—	3	2	6
Tonsil/adenoid operation ...	2	1	8	11	22
Hearing aids	1	—	2	2	5
Referred to Consultant ...	1	2	12	19	34
Hospital treatment	—	—	5	6	11
Other recommendations ...	1	—	3	1	5

RISK GROUP

Twenty-three (13 boys and 10 girls) were summoned for examination and 13 (8 boys and 5 girls) attended. Seven children were recommended for audiogram test, 2 for tonsils and adenoids operation, 1 referred to Otologist and 3 were discharged.

TWINS' REGISTER :

Five (1 boy and 4 girls) were summoned and 3 girls attended. Recommendations comprised, 2 for audiogram and 1 was discharged.

Speech Audiograms :

During the Session, 2 boys and 6 girls attended Florence Street Audiometric Clinic for Speech Audiogram.

Disposal

During the course of the Session, the records of 117 children were passed to Special Schools Section for disposal. Of these, 97 were graded, 10 had failed to attend, 1 desired private treatment and 4 had removed from Glasgow.

SPEECH THERAPY

CASES OF SPEECH DEFECT (Pupils in Ordinary Schools and Pre-School Children) Treated During Year Ended 31st July, 1972

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged										Current Cases	
								Satisfactory		Improved		Unsatis-factory		Failed to co-operate		Transferred			
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	177	180	38	1,297	437	22	9	26	14	12	1	—	—	10	2	4	2	116	16
Disorders of Articulation	682	506	245	3,974	1,778	84	29	101	47	33	11	1	1	28	14	35	20	297	201
Retarded Language Development	252	228	95	2,341	1,131	50	19	41	18	7	1	—	—	12	5	15	5	132	65
Cleft Palate ...	8	4	9	59	92	4	2	—	2	—	2	—	—	—	—	1	—	5	1
Dysphonia ...	31	25	11	263	100	5	—	6	2	4	—	—	—	5	1	1	1	14	7
Dysphasia ...	1	8	1	71	34	1	—	1	—	1	—	—	—	—	—	1	—	5	1
Dysarthia ...	—	10	2	101	32	1	—	2	—	2	—	—	—	1	—	3	—	1	2
Dyseneia ...	3	4	1	66	37	1	—	—	1	—	—	—	—	1	—	—	—	1	1
Dyspraxia ...	—	2	—	27	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Dysrhythmia ...	—	—	1	—	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals	1,154	967	403	8,199	3,650	168	59	177	84	59	15	1	1	57	22	61	28	572	295

Home Visits 2; School Visits 45.

SPEECH THERAPY (*Continued*)

Stutter	—	2	3	47	27	—	—	—	—	—	—	—	—	—	—	—	—	2	3
Disorders of Articulation ...	13	16	7	192	131	—	1	—	—	—	—	—	—	—	—	2	—	14	6
Retarded Language Development	2	15	13	291	156	—	—	—	—	—	—	1	—	—	—	—	—	14	12
Cleft Palate ...	—	—	2	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Dysphonia ...	2	—	3	—	36	—	—	—	—	—	—	—	—	—	—	—	1	—	2
Dysphasia ...	—	1	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Dysarthia ...	—	1	—	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Dysrhythmia ...	—	—	1	—	30	—	—	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	17	35	29	544	400	—	1	—	—	—	—	2	—	—	—	2	1	31	26

SPECIAL DIETS

During the session, 76 children (33 boys and 43 girls) were recommended to have special diets provided in place of the normal school meals.

The conditions were as undernoted:

	Boys	Girls
Coeliac Disease ...	12	14
Diabetes	6	4
Obesity	5	18
Phenylketonuria ...	3	6
Allergy	1	—
Duodenal Ulcer ...	1	1
Non-Roughage ...	1	—
Fat Free	4	—
	33	43

MORTALITY OF SCHOOL CHILDREN

Deaths During Year Ended 31st July, 1972, of Children Aged 5-15 Years.

	5-10 Years		11-15 Years		All ages		
Cause of Death	Boys	Girls	Boys	Girls	Boys	Girls	Total
Road traffic accidents	8	5	4	—	12	5	17
Other violent causes	13	1	5	2	18	3	21
Septicaemia	—	1	—	—	—	1	1
Leukaemia	2	—	1	—	3	—	3
Malignant neoplasms	1	—	2	—	3	—	3
Hodgkins' disease	—	—	1	—	1	—	1
Cardiac failure	—	—	1	—	1	—	1
Cerebral infraction	1	—	—	—	1	—	1
Pneumonia	4	1	1	—	5	1	6
Transposition of great vessels ...	—	—	1	—	1	—	1
Asthma	—	—	1	—	1	—	1
Hydrocephalus	1	3	—	1	1	4	5
Cystic fibrosis	1	1	—	—	1	1	2
Dystrophia myotonica	—	—	1	—	1	—	1
Pulmonary embolism (Bani's Syndrome)	—	—	—	1	—	1	1
Pulmonary oedema (Under Anaesthetic)	—	—	—	1	—	1	1
Status epileptious	1	—	—	—	1	—	1
Chronic renal failure	—	—	—	1	—	1	1
TOTALS	32	12	18	6	50	18	68

SECTION IV

HEALTH EDUCATION

The various services provided by the Health Education Section were in demand during the year by members of the public, youth organisations, schools, medical and health visiting staff and others.

(1) The section produce a revised catalogue of health literature covering over 100 titles.

(2) The poster service was well used by the above groups and offers posters on subjects in health and related fields.

(3) Production : There was an increased demand for design and production of slides for teaching purposes.

(4) The design of small exhibitions and displays continues and these are now being put on a mass production basis.

(5) The production of printed material, covered posters, leaflets, Health Information Bulletin and other items.

(6) Films : The service for booking and projection of films continues

(7) Public Relations : During the year the Department's activities were widely reported by Press and television. Support given by the various communications organisations is greatly appreciated in helping to present numerous health activities to the public.

Leaflets issued during 1972	166,650
Posters issued (excluding those on Corporation Transport, Toilets, Railways) ...	2,202
"Safety in Retirement" Campaign	3,000
	5,202

Dental Health Education

A programme in primary schools was administered by the Section in co-operation with the Dental Department and Dental Auxiliaries.

Venereal Disease

The information service on sexually transmitted diseases started in May when the telephone answering service was installed.

The service was publicised in the Press both in the editorial columns of newspapers and by advertisement during the summer and early autumn. It is now also publicised on railway and underground stations throughout the year.

Public Health Information stickers were produced for use on walls in toilet cubicles. These were accepted for display by the Corporation Cleansing Department, Glasgow Airport and licensed trade groups.

Diet Information Service

A range of material was produced for this service including height and weight charts, leaflets, diet instructions sheets and pamphlet of special interest to Asian families.

Family Planning

Extensive use was made of instructional material by the clinics throughout the City. The bulk of material was supplied by the Family Planning Association and Scottish Health Education Unit.

Financial support was given by the Health Department to the national Press advertising campaign organised by the Scottish Health Education Unit in the autumn.

Health Information Bulletin

Three issues appeared during the year in February, May and October and circulated through libraries, public counters of Corporation Departments, schools, youth organisations, hospitals, doctors and dentists to be read in their waiting rooms by members of the public.

National Immunisation Campaign

At the request of the Scottish Health Education Unit arrangements were made for the opening by Bill Simpson of the National Immunisation Campaign in Glasgow. A vintage car was made available by courtesy of Appleyard Ltd. The event was well reported by Press and television and the Convener of the Health Committee was present.

Health Talks

Health and Food : The first of a new series of health talks organised by the Health Department, was held on Tuesday, 18th January, in Woodside Public Halls, Clarendon Street, St. George's Cross, Glasgow.

The subject was "Health and Food" and the speakers were Mr. J. Durnin, Department of Physiology, Glasgow University, and Mr. J. Jackson, Chief Sanitary Inspector, Glasgow.

Any Health Questions

This discussion evening was held during November in Pollok Community Centre with the Medical Officer of Health and departmental medical officers present to answer questions put by members of the public.

Obesity Poster Competition

Four out of five prizes in a poster competition on obesity were won by girl students of graphics at Glasgow School of Art.

The aim of the competition, sponsored by the Health Department, was to draw attention to the condition of overweight in the community and, as the exhibition showed, this was accomplished with a high standard of presentation.

Surveys have shown that overweight affects all age groups in the community. A person who is overweight is at greater risk from heart, circulatory and chest diseases and diabetes—particularly if over 40.

The awards were made by the Convener of the Health Committee.

"The Alcoholic Needs Help" Campaign

It is is estimated that in Glasgow and surrounding districts there are 50,000 alcoholics, some 25 per cent of whom have reached the chronic stage.

'*The Alcoholic Needs Help*' organised by the Health Department in co-operation with the Glasgow Council on Alcoholism and Alcoholics Anonymous, ran from October till December.

It was the first of its kind in Scotland with the object of drawing attention to the illness and offering facilities whereby anyone with a

drinking problem could discuss it with a representative of the co-operating organisations who was available, on various dates during the campaign at the Information Bureau, George Square, Modern Homes Exhibition, Kelvin Hall, and in private rooms in Corporation halls and Corporation Health Clinics.

This was a community effort to help those whose drinking was out of hand. Involved were some 400 volunteers, organised by the Glasgow Council On Alcoholism and Alcoholics Anonymous with experience of this problem. Anyone who sought help received personal attention.

Medical officers and health visitors of the Corporation's Health Department co-operated. The Director of Social Work, Glasgow, City of Glasgow Police and Department of Social Security supported the campaign.

The Scottish Health Education Unit of the Scottish Home and Health Department provided 60,000 leaflets. There were advertisements the press and posters on Corporation vehicles. Publicity material was distributed to voluntary and commercial organisations.

The Office of the Glasgow Council On Alcoholism, 68 Gordon Street, was available daily with a night emergency service in operation.

It is now possible to assess the direct results of the campaign in so far as this can be done by administrative means but in submitting the information it is necessary to keep in mind the hidden nature of the disease which means in effect that while the campaign itself was terminated on the 1st December, 1972, a "spin-off" continued for some time afterwards.

The following is a summary of actual enquiries dealt with for the first three weeks of the campaign :—

	George Square Information Office	Kelvin Hall Exhibition	Total
Enquiries from persons concerned about their own drinking	41	19	60
Husbands for their wives	—	—	—
Wives for their husbands	5	1	6
Family for mother	2	—	2
Family for father	2	1	3
Father for son	1	—	1
Father for daughter	—	—	—
Mother for son	—	—	—
Mother for daughter	—	—	—
Seeking information on alcoholism ...	30	87	117
Miscellaneous	5	—	5
	86	108	194

Immediately following this phase, the campaign moved into Corporation Halls and Health Clinics on pre-arranged dates and at times which were also widely advertised.

Halls : Pollokshaws, Shettleston, Woodside, Govan, Kingston, Langside, Partick, Couper Institute, Dixon Hall, Yoker and South Govan.

Clinics : Drumchapel, Provan, Sandy Road, Easterhouse, Denmark Street, Pollokshaws, Springburn, Avenuepark Street, Florence Street, Bridgeton, Govan and Pollok.

This second phase of the campaign did not meet with the response which we had thought it would, but nevertheless we did have a measure of success in that a total of 22 alcoholics or problem drinkers came to seek counselling and relatives came forward for information about alcoholism.

Points of Interest

It is of interest to record that some of these clients had travelled to a hall or clinic well away from their own place of residence and this does illustrate the well known problem as to how best the stigma can be removed when it militates so much against the acknowledged concept that alcoholism is a treatable disease.

Another useful feature of the campaign was that a considerable number of people made direct contact with groups of Alcoholics Anonymous, al-anon and the Glasgow Council On Alcoholism. It is not possible to be precise on this point but the following details, which have been obtained from all sources, do prove that there is substance in the bmission :—

	October/ November 1971	October/ November 1972	Increase
Alcoholics Anonymous	10 (Estimate)	120 (Estimate)	110
Glasgow Council on Alcoholism ...	20	52 +	32
Al-Anon	2	7	5
	32	179 +	147

A possible reason for the substantial reduction in the numbers seeking help in the second phase was that the alcoholic shies away from authority and it seems probable that this was the main reason for such a sharp drop in the numbers for Clinics and Corporation Halls in comparison to those for the Kelvin Hall and Information Centre at George Square.

It was observed and noted during the campaign that some of those who came in were in need of help which was beyond our resources e.g. hostel accommodation and medical help, but the best appropriate action was taken in these circumstances.

Home Safety

The Glasgow Home Safety Committee met on four occasions during 1972.

"Safety in Retirement" Campaign

This campaign was launched in April and aimed at reducing the number of old people killed or injured in their own homes each year. It was designed to make old people fully aware of safety precautions and to educate people approaching retirement. The percentage of deaths involving old people in relation to the total number of deaths in the City resulting from accidents in the home had risen from 38·7 per cent to 45·3 per cent between 1968 and 1970. More than 3,000 posters were displayed on Corporation transport and public buildings. A wide press coverage was given by all Glasgow newspapers.

"Follow the Instructions" Campaign

This campaign arose as a result of a questionnaire sent to manufacturers in the Glasgow area regarding the misinterpretation or failure of the public to read instructions which accompany domestic consumer purchases resulting in accidents. The public were alerted to these dangers by the distribution of posters and leaflets.

Regional Home Safety Conference

Arrangements have been made for a Regional Home Safety Conference to be held in the Baird Hall of Residence on 29th November, 1973. It is anticipated that there will be a delegates' fee of approximately £4. This conference has been arranged in conjunction with The Scottish Council for Health Education, Royal Society for the Prevention of Accidents and the Glasgow Home Safety Committee.

Friday Night is Danger Night

In light of the increasing number of home accidents in Glasgow on Friday nights it was decided to rekindle the public's attention by the display of posters on Corporation vehicles.

Exhibitions

An exhibit featuring "Checkpoint for Child Safety" has been shown in various situations throughout the City including Lewis's Store, Health Clinics, Hospitals and other Corporation Buildings.

Health Information Bulletin

A series of articles on the theme of "Spot the Black Spots in Your Home" has been incorporated in this publication.

Windows in High-Rise Flats

Following a letter received from a householder in the South Side of the City regarding the "dubious safety-catches" on the windows of her high-rise flat, it was decided by the Glasgow Home Safety Committee that representations should be made to the Scottish Accident Prevention Council with a view to having the matter investigated.

The Use of Television in Health Education

In 1972 it was decided that the Department should make a series of Health Education Programmes on the Glasgow Educational Television Service. Excellent co-operation was received from the Director, Mr. Lewenhak, and his staff, and a series consisting of six programmes, aimed at children between the ages of 8 and 11 years, was made for showing in the primary schools from January-March, 1973. The subjects covered in the series include food and obesity, cleanliness, clothes and shoes, relaxation and posture, the five senses, the meaning of germs and the idea of immunity.

A series consisting of seven programmes under the title *This is Your Body* was then prepared for secondary school pupils between the ages of 12 and 14 years ; these are to be shown from August-November, 1973. These programmes illustrate how the human body functions. The skeleton, the digestive system, the respiratory system, the circulatory system and the nervous system are described ; and facts about personal cleanliness, good grooming, and being part of a healthy community are highlighted.

After this came a series of seven programmes, *First Aid is for Everyone*, aimed at secondary school pupils between the ages of 14 and 16 years. The purpose of this series is to make pupils realise that everyone should be able to give First Aid or Self Aid. The subjects covered include artificial respiration, bleeding, fractures, the contents of an efficient First Aid Box, burns and scalds, poisons, and head injuries. These programmes will be shown later in 1973.

Notes for teachers have been prepared for all these series; they give a synopsis of each programme, together with diagrams and suggested follow-up questions for class discussion.

The programmes have been made; we hope the viewers think them worth-while.

SECTION V

DISTRICT NURSING SERVICE

Record of Work for the Year Ended 31st December, 1972

Cases on books at 1st January, 1972		3,946
Number of new cases added		9,345
Number of cases dismissed		9,001
Number of cases remaining at 31st December, 1972 ...		4,290
Dismissed—		
Treatment completed	5,359	
Hospital	2,482	
Died	1,078	
Puerperia	82	
Total number of visits paid by Nursing Staff		362,435
Liaison with Geriatric Assessment Units		
Total number of patients seen		612
Total number of visits		8,937

The number of patients cared for in 1972 was 13,291 compared with 12,292 in 1971. The visits to these patients increased by 23,163. The figures confirm the pattern of patient care which is being transferred from hospital to the community.

The following analyses of figures shows the variety of work undertaken and the progress of integration both with the hospital service and General Practitioner services in order to provide a high standard of patient care.

Analysis of Work

65 years and over		*Children*	
Male	2,264	Number under 5 years	273
Female	5,951	Number aged 5-15 years	314
Total	8,215	Total	587
Visits (old and new)		*Visits (old and new)*	
Total	259,833	Number under 5 years	1,454
		Number aged 5-15 years	2,107
			3,561

Planned Discharge Scheme—Glasgow Royal Infirmary

Treatment—	
Removal of Sutures ...	545
Dressings	393
Enemata	8
Nursing Care...	29
Injection	1
Supervision	35
Total ...	1,011

Number of cases re-admitted to hospital	28
Number of cases where Family Doctor was called out ...	15
Total	43
Total number of patients attended	1,011

Burns Unit

Five hundred and sixty-seven patients were referred between 1st January, 1972 and 31st December, 1972.

All Group Attachments

12,947 patients were visited as follows :—

Medical	60,200
Surgical	14,533
Gynaecological	391
Home visits to surgery patients	2,087
Puerperia	341
Total ...	77,552

Analysis of New Cases

65 years and over		*Children*	
Male	662	Number under 5 years	47
Female	1,631	Number aged 5-15 years	64
Total	2,293	Total	111
Visits (old and new)		*Visits (old and new)*	
Total	106,100	Number under 5 years	235
		Number aged 5-15 years	250
		Total	485

All General Practitioner Attachment—1972

General Surgery Sessions 5,438 *Patients Treated* ... 28,594

Clinics Attended

	Number	*Number of Patients Seen*
Ante-natal	1,066	8,234
Post-natal	27	173
Cytology	60	710
Immunisation	378	5,431
Blood Pressure	60	286
Child Welfare	5	315
Obesity	23	180

Number of Attachments ... 40

Number of Nursing Staff ... 52 { 39 R.G.N. / 10 E.N. / 1 Student

WOODSIDE HEALTH CENTRE

March to December, 1972

1,166 patients were visited as follows :—

Medical	9,814
Surgical	2,696
Gynaecological	3
Home visits to surgery patients	302
Puerperia	—
Total	12,815

Analysis of Cases

65 years and over		*Children*	
Male	62	Number under 5 years	4
Female	129	Number aged 5-15 years	9
Total	191	Total	13

Visits (old and new)		*Visits (old and new)*	
Total	9,858	Number under 5 years	24
		Number aged 5-15 years	59
		Total	83

Treatment Room

18,596 patients were treated and paid 19,124 visits.

Clinics Attended

Number		*Number of Patients Seen*
Ante-natal	155	605
Post-natal	1	18
Cytology	1	35
Immunisation	65	666
Blood Pressure	45	239

Number of Attachments ...	8	
Number of Nursing Staff ...	7	(6 R.G.N. + 1 E.N.)
Treatment Room Staff ...	4	(4 part-time R.G.N.)
Total Treatments	19,124	
Total Visits	18,596	
First Visits	11,948	
Return Visits	6,648	

DISTRICT NURSE TRAINING

National Certificate in District Nursing for :—

(1) *Registered General Nurse*			
Glasgow Students	45		
Seconded by County	1		
Practical Training Area Day Release	26	*Total*	72
(2) *Enrolled Nurse*			
Glasgow Students	24		
County Day Release	5	*Total*	29

The District Nurse Training should expand from the Autumn 1973 when more classroom accommodation will be available, on time to meet the needs of a recruitment drive planned to provide staff for an ever expanding community service.

Appliances Issued on Loan
During the Year Ended 31st December, 1972

Appliance	*No. Issued*
Chairs	121
Zimmer Aids	545
Commodes	1,245
Air Rings	404
Bed Pans	932
Bed Cradles	355
Back Rests	473
Urinals	476
Warral Sticks	204
Dunlopillo Beds	3

Appliances issued on loan—*continued*—

Appliances	*No. Issued*
Dunlopillo Cushions	23
Hair Mattresses	19
Hospital Beds	11
Adult Cot Beds	9
Child Cot Beds	1
Pole and Stand...	4
Hydraulic Lifter	5
	4,830

Nurses (Scotland) Act, 1951—Nursing Agencies

No new applications were received during the year for registration of a Nursing Agency but as satisfactory reports were made on the existing three Agencies, their licences were renewed.

Nursing Homes Registration (Scotland) Act, 1938.

One new registration was made under the above Act during the year and one registration was cancelled when the premises were given up. The number of homes registered at the end of the year was 19 and the number exempted was 2.

SECTION VI

INFECTIOUS AND OTHER DISEASES

The decline in the over-all incidence of infectious disease noted in 1971 continued in 1972.

This decrease is mainly due to a sharp fall in the incidence of whooping cough ; the 1972 figure being the lowest ever recorded. The peak incidence of whooping cough normally alternates with that of measles and vice versa. However, in 1972 this large decrease in whooping cough was not offset by the measles incidence which also showed a decrease. There was also a slight reduction in the number of rubella cases.

Scarlet Fever remained at the same low level of incidence as 1971 and the number of cases of gastro-enteritis dropped to almost half the previous year's total.

In 1972 there was a slight decline in the number of paratyphoid cases which, however, was offset by a corresponding increase in the incidence of typhoid.

The only real rise in incidence noted in 1972 was in Pneumonia but despite the increase in cases the figure was still well below that of 1970. There was also a slight outbreak of Influenza during the first quarter of 1972.

Infective jaundice, food poisoning and dysentery were all less prevalent in 1972 and there were no cases of poliomyelitis or diphtheria.

Despite a decrease in the number of cerebrospinal fever cases this year's figure was still only the second lowest recorded. The incidence of chickenpox also declined.

Once again there were no cases of anthrax or Weil's disease but two cases of brucellosis were reported on.

The reduction in the incidence of scabies noted in 1971 continued in 1972.

Hospital Admissions

Admissions to hospital during the year totalled 3,882 compared with 4,180 in 1971. This includes 1,201 removed to hospital and ultimately diagnosed as other non-infectious disease. Pneumonia and

dysentery continue to make heaviest demands on hospital accommodation. In 1972 cases of pneumonia treated in hospital formed 46·1 per cent of all infectious disease cases (excluding tuberculosis) admitted as against 35·9 per cent in 1971. Eighty per cent of all pneumonia cases were admitted to hospital which is a rise of two per cent on last year's figures.

Fewer cases of dysentery were admitted to hospital in 1972 but the proportion of the total (57 per cent) was seven per cent more than in 1971. This is equivalent to 27·6 per cent. of all cases of infectious disease admitted during the year. In 1971 this proportion was 31·7 per cent.

Details of notifiable and non-notifiable diseases are given in Appendix table XI.

IMMUNISATION CENTRE

This centre at 20 Cochrane Street provides intending travellers from the West of Scotland with immunisation against yellow fever and certain other infectious diseases likely to be met with in a foreign country.

During 1972, 2,413 travellers were inoculated against yellow fever. In 1971 the figure was 2,989. In addition, 284 inoculations were given against smallpox, cholera, typhus and the enteric group.

As in previous years, as a matter of convenience where crews of ships were concerned, the immunisations were carried out on board ship. This accounted for 28 of the yellow fever inoculations and 18 of the other group of procedures.

SMALLPOX AND VACCINATION

There has been no case of smallpox in Glasgow since 1950. Indeed the risk of smallpox being imported into this country is now so small that it is no longer considered necessary to vaccinate against smallpox in early childhood. However, health service employees and certain travellers remain at risk until complete world erradication of smallpox has been achieved. During 1972 the number of primary vaccinations done was 723 compared with 4,638 in 1971 and 5,431 in 1970.

The figures showing the age distribution of those vaccinated for the first time in 1972 are as follows :—

Year of Vaccination	Age Group			Not Stated	All ages	Revaccinations
	– 1	– 5	5 and over			
1972	9	189	525	—	723	2,953

GLASGOW : INFECTIOUS DISEASE—CASE RATES PER MILLION—1952-1972

	Year.																				
	*1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
A—Notifiable—																					
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and Paratyphoid B ...	20	17	27	45	18	21	8	9	21	28	10	16	51	41	7	6	7	5	1	11	12
Continued and Undefined Fever	4	7	4	2	19	21	21	28	19	26	27	20	20	23	18	20	21	35	19	38	17
Puerperal Fever...	191	187	164	109	74	95	76	90	116	162	152	210	133	138	113	43	—	—	—	1	—
Puerperal Pyrexia	97	116	135	98	79	143	175	201	139	128	121	72	42	65	113	70	56	68	38	21	29
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	2,497	1,766	1,251	1,116	924	908	908	872	613	396	266	266	347	240	179	259	224	226	134	120	118
Diphtheria and Membranous Croup	79	46	11	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	218	203	196	183	199	108	95	91	72	62	51	50	37	29	27	32	32	34	26	19	27
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	93	114	83	89	62	53	68	73	49	65	56	49	43	38	29	23	32	28	18	27	20
Ophthalmia Neonatorum ...	131	92	70	47	43	35	65	76	32	24	23	36	25	16	21	19	22	38	28	30	43
Trachoma	3	5	—	1	—	1	5	2	4	—	3	5	2	2	3	2	—	—	—	1	—
Acute Encephalitis Lethargica	4	2	2	2	3	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-Encephalitis ...	—	1	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	32	46	36	228	50	26	119	8	1	10	47	—	—	—	—	1	1	—	2	1	—
Acute Primary Pneumonia ...	4,848	3,617	3,056	4,238	4,170	5,096	4,309	4,209	3,536	3,572	3,312	3,603	2,182	2,119	2,281	1,779	2,050	2,214	2,037	1,438	1,747
Acute Influenzal Pneumonia	114	139	30	67	49	419	43	71	30	67	15	32	10	5	23	3	31	27	71	13	43
Whooping Cough	1,297	6,095	3,065	1,266	3,435	2,726	1,041	2,176	3,538	782	260	2,619	737	459	894	1,093	390	174	1,181	582	56
Malaria	27	22	15	10	7	15	7	6	8	3	4	3	2	4	4	6	14	11	7	7	7
Dysentery	2,111	2,514	5,783	5,874	4,316	3,665	3,170	4,474	4,362	3,110	3,169	2,599	2,537	2,102	1,819	1,699	1,887	1,990	1,135	2,021	1,493
*Infective Jaundice	2	2	—	1	5	1	—	1	—	—	2	—	1	1	—	—	378	718	490	528	399
*Anthrax	—	2	1	—	1	—	—	1	—	—	—	—	—	2	1	1	—	—	—	—	—
Pulmonary Tuberculosis ...	2,084	2,187	2,039	2,027	1,887	3,672	1,258	1,091	1,032	970	887	839	799	720	647	594	555	492	538	440	490
Other Forms of Tuberculosis ...	277	272	223	258	180	161	157	113	103	130	112	113	133	104	104	91	58	64	77	95	116
Leprosy	—	—	1	2	2	1	2	2	—	—	—	1	—	—	—	—	—	—	—	1	—
*Food Poisoning	—	—	—	294	334	231	299	372	527	387	334	266	464	212	163	330	924	314	190	351	256
*Measles	6,326	4,505	5,325	3,546	4,292	5,317	724	10,739	556	5,878	1,978	2,231	2,275	1,331	2,041	668	1,456	2,093	4,838	2,306	1,812
*Rubella	242	1,602	298	357	643	356	329	155	312	884	64	85	241	35	26	28	32	21	64	159	155
B.—Not Notifiable—																					
Chickenpox	5,476	6,785	6,881	4,185	5,503	4,057	5,072	3,086	8,493	3,020	3,406	2,088	3,188	2,429	1,014	1,416	1,110	928	1,103	562	878
Gastro Enteritis	—	—	—	—	—	228	289	436	456	351	392	437	461	402	400	277	440	450	327	481	262
Others—Mumps, Pemphigus Neonatorum, etc.	57	135	91	85	43	133	169	165	378	219	72	158	243	154	181	222	18	53	10	13	68
Totals	26,230	30,479	28,878	24,135	26,340	27,489	18,411	30,547	24,397	20,275	14,763	15,798	13,973	10,671	10,108	8,682	9,728	9,413	11,171	9,282	8,050

*Food Poisoning became notifiable as from 1st July, 1956.
*Anthrax became notifiable as from 1st October, 1960
*Measles became notifiable as from 1st October, 1968

*Infective Jaundice became notifiable as from 1st October, 1968. (prior to this referred only to Weil's Disease.)
*Rubella became notifiable as from 1st November, 1970.

LEPROSY

Leprosy is a disease of rare occurrence in the United Kingdom and such cases as come to our notice in Glasgow have been contracted abroad in countries where the disease is prevalent.

In the last twenty years, only twelve cases have come to the notice of this Department.

There was no case of this disease in 1972.

MALARIA

This disease, like smallpox and leprosy, usually occurs in seamen or servicemen returning to the City from abroad, or in foreign visitors. During 1972 there were six cases, three male and three female. There were no deaths in 1972. Incidence in recent years was as follows :—

1961-65	16
1966	4
1967	6
1968	4
1969	10
1970	6
1971	6
1972	6

TYPHOID, PARATYPHOID AND DYSENTERY

TYPHOID

There were four cases reported this year.

P.G., an 11 year old boy, was admitted to Stobhill in September as a case of gastro-enteritis. Two days later he was transferred to Ruchill Hospital as a case of typhoid. The family had been in India for about two months and the onset of the boy's symptoms coincided with his return to this country.

J.B., a five year old boy, was admitted to Belvidere in November and confirmed as a case of typhoid a few days after admission. His sister and her friend were also found to be suffering from the same condition.

PARATYPHOID

Six cases of Paratyphoid were registered this year.

A 26-year-old seaman reported sick on board his ship while in Glasgow in August. He was found to be suffering from Paratyphoid B phage type 3A.

In September a two year old boy was admitted to Ruchill Hospital as a case of P.U.O. S.paratyphii organisms were isolated. Investigation of this family showed four other children to be excreting similar organisms.

CHRONIC CARRIERS

There are now ten City Carriers. The list is as follows :—

TYPHOID—

M. I., Ward 35, *South Eastern Division*—An immigrant from Pakistan in 1948 was discovered to be a faecal carrier of Salmonella typhi phage type O, when in 1953 he infected his son. He also caused four other cases in 1957. There is no history of the original illness. He was last tested and found positive in 1972.

S. A., Ward 28, *South Western Division*—This person cannot be traced and she is thought to have returned to Pakistan.

PARATYPHOID—

M.G., Ward 5, *Eastern Division*—This woman still lives at home with three children. She is a chronic carrier.

J. L., Ward 17, *Northern Division*—This man still refuses to submit specimens.

E.S., Ward 15, *Northern Division*—This woman's faeces specimen is still positive for Salmonella paratyphi B.

S.M., Ward 13, *Central Division*—This lady is still residing at the same address with her husband and four children.

D. M., Ward 24, *Central Division*—This woman is now dead.

L.M., Ward 23, *Central Division*—A faecal carrier, born 1892, he was last tested in 1939. He does not wish to submit bacteriological specimens.

A.L., Ward 27, *South Western Division*—She was born in 1902 and she was detected as a faecal carrier of Salmonella paratyphi B phage type 3A in 1938. She was last found to have a positive faeces in 1972.

J.J., Ward 35, *South Eastern Division*—This person was last tested and found positive in 1961. Since then he has refused to submit specimens.

B.S., Ward 24, *Central Division*—This lady lives with her son. She is a confirmed paratyphoid carrier.

M.B., Ward 32, *South Western Division*—This lady was born in 1908. She was detected as a faecal carrier of Salmonella paratyphi B, phage type 1, when in August, 1970, she infected three friends who were guests at a meal in her house. The date of the original illness is unknown but she has remained a persistent excretor. Her last positive faeces specimen was in 1972.

DYSENTERY

There were 1,287 registrations this year as compared with 1,799 in 1971 and 1,022 in 1970.

All Wards in the City were affected.

The seasonal incidence was as follows :—

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Home	313	209	321	374	1,217
Institutional	10	13	4	43	70

Less than half the non-institutional cases stayed at home, the number removed to hospital being 739.

The annual institutional figure for dysentery was 70. Twenty institutions were concerned—ten medical institutions, two children's institutions and eight miscellaneous residential institutions. In ten instances only a single case was notified.

The following table shows the age distribution of the notifications :

	-1 Year	-5 Years	-15 Years	-55 Years	+55 Years	Total
Home	120	528	278	258	33	1,217
Institutional	2	26	8	17	17	70

DIARRHOEA AND ENTERITIS

(Gastro Enteritis)

These infections are not yet notifiable and, as information regarding their prevalence was not really available, comment has up to 1952 been limited to the mortality from this infection in children under two years of age. From 1953 onwards, all cases of diarrhoea and enteritis coming to the attention of the Department have been recorded.

The following table shows the age distribution of all cases so recorded since 1968 but is not a complete picture of the incidence of diarrhoeal infection in the City :—

	Age Distribution				
Age in Years	1972	1971	1970	1969	1968
-1	163	271	184	316	301
-2	24	44	28	38	38
-5	7	24	27	22	20
5 and over	32	71	55	38	57
	226	410	294	414	416

The seasonal distribution of cases in the past five years is as shown :—

	1972	1971	1970	1969	1968
1st Quarter ...	46	101	53	80	59
2nd Quarter ...	42	109	68	82	119
3rd Quarter ...	45	101	80	138	105
4th Quarter ...	93	99	93	114	133
	226	410	294	414	416

Following the recent revision of the International Classification of Causes of Death, Enteritis, formerly included under the heading of "Gastritis, duodenitis, enteritis and colitis" was reclassified in 1968 as "Enteritis and other diarrhoeal diseases". Also allotted to this new group are death from Diarrhoea of the Newborn, formerly included in "Infections of the Newborn".

In 1972 the Registrar General attributed 26 deaths to Enteritis distributed by sex and age as follows :—

	Males	Females	Both Sexes
Under 4 weeks ...	1	1	2
Under one year ...	5	8	13
Under five years ...	—	1	1
Under ten years ...	—	—	—
Under 65 years ...	—	2	2
65 and over	3	5	8
	9	17	26

FOOD POISONING

The number of incidents of food poisoning notified to the Department during 1972 was 82 and the number of cases was 221. During the last three years the incidents and cases have been as follows :—

	Incidents			Cases		
	1970	1971	1972	1970	1971	1972
Community Outbreaks ...	9	7	6	32	166	121
Family Outbreaks ...	17	20	11	58	60	35
Sporadic	81	84	65	81	111	65
	107	111	82	171	337	221

Type of Organism

	Family Outbreaks Incidents	Family Outbreaks Cases	Community Outbreaks Incidents	Community Outbreaks Cases	Sporadic Cases	Total Cases
Salmonella... ...	7	22	1	2	46	70
Clostridium welchii	1	2	3	108	—	110
Unknown	3	11	2	11	19	41
	11	35	6	121	65	221

Salmonella Organisms

Salmonella	
agona	6
bredeney	3
blockley	1
cubana	1
dublin	2
enteritidis	8
goverdham	1
havana	1
newport	1
panama	2
st. paul	1
seftenberg	2
stanleyville	1
typhimurium	31
virchon	1
Salmonella	
Group B	6
Group D	2
	70

There was one death from food poisoning.

A female patient, aged 83, died in Ruchill Hospital in November, 1972. The cause of death was certified as Rectal carcinoma.

SCARLET FEVER

One hundred and two cases of Scarlet Fever were registered in Glasgow during 1972. Only six cases (5·9 per cent) were treated in hospital. In 1971 nine cases (8·4 per cent) were treated in hospital.

The incidence of the disease during the last five years is set out below :—

	Total Cases	Treated in Fever Hospitals	Treated in other Institutions	Treated at Home
1968 ...	212	25	—	187
1969 ...	219	15	—	204
1970 ...	121	15	—	106
1971 ...	107	9	—	98
1972 ...	102	6	—	96

Of the one hundred and two cases, two were under the age of one year ; twenty-nine were aged between one and four years and sixty-

two were in the age group 5 to 14 years. Five cases were in the age group 15 to 24 years and four cases were aged twenty-five years and over.

There have been no deaths from Scarlet Fever since 1956.

ERYSIPELAS

There were 23 cases of Erysipelas in 1972, 6 more than in 1971. Of this total, 9 were males and 14 females.

The age distribution of the cases was as follows :—

-15 years	...	—	-45 years	...	4
-25 years	...	4	-65 years	...	7
-35 years	...	2	65 + years	...	6

There were no deaths in 1972.

DIPHTHERIA

Apart from one fatal case in 1964, there have been no cases of diphtheria in Glasgow since, 1956, and no deaths from this disease since 1954.

Immunisation—The following table shows the number of children who completed a primary course of diphtheria immunisation in 1972.

The 1971 figures are shown for comparison.

	Under 5 Years		Over 5 Years	
Vaccine Used	1972	1971	1972	1971
Diphtheria only ...	29	37	3	7
Diphtheria and Pertussis	41	87	4	—
Diphtheria and Tetanus	346	403	3,452	4,337
Pertussis, Diphtheria and Tetanus	10,365	10,837	78	102
	10,781	11,364	3,537	4,446
All ages ...	1972—14,318		1971—15,810	

The numbers who received maintenance inoculations in these two years were as follows :—

	Under 5 Years		Over 5 Years	
	1972	1971	1972	1971
Diphtheria only ...	—	10	22	20
Diphtheria and Pertussis	—	6	5	1
Diphtheria and Tetanus	1,066	7,530	20,603	13,396
Pertussis, Diphtheria and Tetanus	139	372	375	616
	1,205	7,918	21,005	14,033
All ages ...	1972—22,210		1971—21,951	

See also page 171 of the School Health Section of this Report.

CEREBROSPINAL FEVER (MENINGOCOCCAL INFECTION)

Seventeen cases were known to the Department which is the second lowest figure ever recorded in the City and a decrease from twenty-four cases last year.

The age incidence was :—

Under 1 year	1-5 years	5-15 years	Over 15 years
8	6	2	1

The cases were distributed fairly evenly throughout the City and throughout the year.

The clinical presentation of the disease was :

Meningococcal meningitis	9 cases
Meningococcal septicaemia	8 cases

Deaths from Meningococcal Infection :—Six deaths were recorded, five under one year and one between one and five years. All were cases of meningococcal septicaemia.

The incidence of deaths from Meningococcal infection since 1951 is as follows :—

	Cases	Deaths
Average 1951-55 ...	107	13
Average 1956-60 ...	65	8
Average 1961-65 ...	52	6
Average 1966-70 ...	25	6
1971	24	5
1972	17	6

POLIOMYELITIS

There were no cases of Poliomyelitis reported this year.

Poliomyelitis Vaccination

During 1972, 13,630 persons were given a primary course of poliomyelitis vaccination and 15,753 persons a reinforcing dose. Oral (Sabin) vaccine was used in every case.

The ages of the persons given primary vaccination were as follows :

Year of Birth	Age at 31.12.72	
1972	Under 1 year ...	630
1971	1 year	8,736
1970	2 years	428
1969	3 years	495
1968	4 years	369
1967 or earlier	5 years and over	2,972
		13,630

The number of vaccinated children at each year of age under five is given below, and is also expressed as a percentage of the number of births less deaths under one year in the relevant year.

Year of Birth	Age at 31.12.72	Births less Deaths under One Year	Number Vaccinated at 31.12.72	Percentage Vaccinated at 31.12.72
1972	0	12,704	630	4·96
1971	1	14,968	9,409	62·86
1970	2	15,858	9,733	61·38
1969	3	16,935	10,941	64·61
1968	4	18,322	12,175	66·45

The computer-controlled appointments system is available for arranging vaccination of children born in on after May, 1969, and is used for such children by all Child Health Clinics and most general practitioners; 67 per cent of the primary poliomyelitis vaccinations given in 1972 were arranged in this way, compared with 71·6 per cent and 45·9 per cent in 1971 and 1970 respectively.

This apparent decrease is accounted for by the increased number receiving primary vaccination at school entry. Of the primary vaccinations, 42·0 per cent were given by the Child Health Service, 36·6 by general practitioners, and 21·4 per cent. by the School Health Service. The School Health Service gave 95·8 per cent of the reinforcing doses.

	Primary Vaccinations		Reinforcing Doses	
	Number	Percentage	Number	Percentage
Computer-controlled Appointments System—				
Child Health ...	5,500	40·4	—	—
General Practitioners	3,628	26·6	—	—
Others—				
Child Health Service	224	1·6	7	0·1
General Practitioners	1,359	10·0	654	4·1
School Health Service	2,919	21·4	15,092	95·8
	13,630	100·0	15,753	100·0

VIRUS MENINGITIS

(Lymphocytic or Aseptic Meningitis)

Viris Meningitis is usually a mild disease recognised as a clinical meningitis. The condition is caused by a multiplicity of viruses, many of which are responsible for transitory infection of the alimentary tract. A few of these viruses can attack the central nervous system and give rise to a degree of paralysis and indeed simulate the picture of poliomyelitis.

During the year 1972 there were 61 cases of virus meningitis treated

in hospital, occurring in the City, a 34 per cent decrease on 1971. Cases domiciled outside the City. although treated in Glasgow Hospitals, are not included in the analysis.

Age Group	-1		-2		-5		-10		-15		-25		-35		-48		Total		
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Echo ...	—	—	—	—	1	—	4	1	3	1	2	1	—	1	—	—	10	4	14
Coxsackie ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Mumps ...	—	—	—	—	2	—	5	1	1	—	—	—	—	—	—	—	8	1	9
Virology Negative ...	1	1	—	—	7	2	8	5	5	2	2	1	—	1	1	1	24	13	37
	1	1	—	—	10	2	17	7	9	4	4	2	—	2	1	1	42	19	61

Of the total of 61 cases there were 42 male and 19 female ; children and young persons were principally affected, 55 of the cases were in the 2 to 22 age group ; the youngest was a boy of seven months.

Where a virus could be implicated Echo 4 was again the most common. Apart from the one recorded in the table, Coxsackie B2 was isolated from another case from which mumps virus was cultured and there was also a four fold rise in mumps antibody titres ; it is therefore recorded under mumps.

Virus		1968	1969	1970	1971	1972
Mumps		5	7	2	4	9
Coxsackie type	A5	1	—	—	—	—
	A9	—	2	—	8	—
	B1	—	2	—	—	—
	B2	—	—	—	2	1
	B3	—	—	—	2	—
	B4	—	—	—	1	—
	B5	1	—	—	—	—
Echo type	3 ...	1	—	—	—	—
	4	—	—	—	28	12
	5	—	—	—	—	2
	6	—	1	—	—	—
	9	1	4	—	—	—
	17	—	—	2	—	—
	19	2	—	—	—	—
Adeno-virus		1	—	—	—	—
Herpes simplex		—	1	—	—	—
Herpes zoster		—	—	1	—	—
Unidentified		—	—	—	—	—
Virology Negative		26	19	32	48	37
		38	36	37	93	61

Cases of virus meningitis occurred throughout the year but more occurred in the earlier months with the peak months being June and

July, when one-third of the cases occurred, as will be seen from the following table :—

	Echo 4	Echo 5	Coxsackie B2	Mumps	Virology Negative	Total
January ...	1	—	—	1	3	5
February ...	1	2	—	1	1	5
March ...	1	—	—	1	2	4
April ...	1	—	—	2	2	5
May ...	2	—	—	1	3	6
June ...	3	—	—	1	5	9
July ...	2	—	—	1	8	11
August ...	—	—	—	—	5	5
September	1	—	1	1	4	7
October ...	—	—	—	—	2	2
November ...	—	—	—	—	2	2
December...	—	—	—	—	—	—
						61

Cases of virus meningitis were scattered throughout the City with no apparent prevalence in any Ward.

ENCEPHALITIS

Viral Encephalitis—There have been only sporadic cases of this infection since the small outbreak which occurred in 1937.

There were no cases or deaths in 1972.

Post-Encephalitis Lethargica : A group of cases, 16 in number, the remaining survivors of a Glasgow epidemic which affected 70 persons in all, have been under continuous review by Dr. Ashie Main since 1923. There were no deaths during the year. The following tables show the physical capacity of the 16 cases in the Spring of 1973.

Physical Condition

	Males	Females	Total
Fit for housework	—	4	4
Fit for employment	4	1	5
Unfit but going about	3	2	5
Bedridden at home	—	—	—
Cases in General Hospital ...	—	—	—
Cases in Mental Hospital ...	—	—	—
Cases untraced	1	1	2
	8	8	16

These are classified as follows :—

		Spring 1972		Spring 1973	
Group I	Recovery complete		3*		3*
Group II	Recovery incomplete :—				
	Class A Mental Retardation ...	1		1	
	Class B Mental Instability ...	1		1	
	Class C Nervous Instability ...	8	10	8	10
Group III	Perversion of Conduct		—		—
Group IV	Parkinsonians :—				
	Class A Normal Mentality ...	2*		2*	
	Class B Abnormal Mentality ...	1	3	1	3
Group V	Died		1		—
			17		16

*One not traced.

There was no change in the classification of these 16 cases during the year but three have improved physically and/or mentally while two have shown slight physical deterioration. Details of these cases are as shown.

The general health of a 73-year-old woman, Group II Class C, has improved since last year. Despite polio-arthritis of the right hand she is able to use it freely. She is thinner and her balance is good. Sleep and appetite are both improved and she goes out frequently.

A 51½ year old woman, Group II Class A, has improved slightly since last year. Though she is stout in appearance the patient keeps well and has no complaints about her health. She sleeps fairly well and has a good appetite.

The physical and mental condition of a 55-year-old man, Group II Class B, has improved. He is able to go out and about and is not so excitable. He is now wearing a hearing-aid but his speech is difficult and incoherent and his eyesight is poor.

A 59-year-old man's, Group II Class C, physical condition has deteriorated. Throughout the year the patient has been troubled with asthma and is very breathless. His weight is further reduced and he is still unfit for work.

There has been a slight improvement in the physical condition of a 72-year-old woman, Group II Class B, but her mental condition continues to deteriorate. Though she goes out occasionally accompanied by her daughter she has difficulty walking and bends from the waist to the left side. The patient also has a constant tremor of the right arm and her speech is poor.

MEASLES

Measles became notifiable from 1st October, 1968. During 1972 there were 1,562 cases, a decrease of 490 from the previous year ; 121

cases were removed to hospital. There was one death. Measles is an acute, highly communicable viral disease common in childhood.

The recorded incidence of measles during the last five years was—

Year	Registered Cases	Deaths	Fatality per cent
1968	1,376	1	0·07
1969	1,908	—	—
1970	4,354	3	0·07
1971	2,052	—	—
1972	1,562	1	0·06

The quarterly percentage incidence during 1972 and the previous four years was :—

PERCENTAGE OF YEAR'S TOTAL

	1968	1969	1970	1971	1972
1st Quarter ...	7	39	7	30	26
2nd Quarter ...	26	37	50	37	37
3rd Quarter ...	9	16	33	15	11
4th Quarter ...	58	8	10	18	26

The age and sex distribution in 1972 was :—

Age	Male	Female
– 1	53	55
– 5	348	282
– 15	425	386
15 +	8	5

Live measles vaccine is recommended to be given under the schedule for immunisations at the age of 15 months and during 1972, 17,659 doses were administered.

(RUBELLA) German Measles

Rubella became notifiable in November, 1970. Before that cases were registered on information from school sources. The incidence during the past five years was :—

1968 ...	30
1969 ...	20
1970 ...	58
1971 ...	142
1972 ...	134

The age and sex distribution in 1972 was :—

Age	Male	Female
– 1	5	6
– 5	24	19
– 15	35	38
15 +	3	4

A vaccine is now available against this condition, whose main importance is the possibility of foetal abnormality resulting from rubella occuring in pregnancy, especially in the first trimester. During 1972, 6,590 schoolgirls accepted immunisation.

RUBELLA VACCINATION CAMPAIGN IN SCHOOLS

A second Campaign was mounted in 1972 for the vaccination of thirteen-year-old girls.

The organisation is similar to that of the B.C.G. Campaign. Medical Officers from the Central Office and the five Divisions take part ; each Medical Officer with a Health Visitor and a clerkess forming a team. The teams visited 93 schools between 21st February, 1972 and 16th March, 1972.

Consent forms were issued to the parents of 7,600 girls and there were only 90 refusals, which means that the consent rate was 98·8 per cent.

Of the 7,510 girls with consents, 274 had already received rubella vaccine, 587 were absent from school and a further 59 were not vaccinated for various reasons. The total of girls given vaccine in the 1972 Campaign was 6,590. When this is added to the total of 7,892 for 1971 it indicates that 14,482 teenage girls have now been immunised against German Measles.

WHOOPING COUGH

There was a very large decrease in the incidence of whooping cough in 1972, only 48 cases being notified compared with 518 in the previous year. Ten per cent of the 1972 cases were under one year of age and thirty-six per cent between one and five years ; only three cases were admitted to hospital. There were no deaths.

This is the lowest notification figure ever reported since whooping cough became notifiable in 1950, the previous lowest being 160 cases in 1969. There are no obvious reasons for the exceptionally low figure for 1972.

The annual incidence of Whooping Cough since 1940 has been :—

	Cases	Deaths	Fatality per cen
Average 1940-44	4,463	92	2·06
Average 1945-49	3,321	32	0·96
Average 1950-54	4,794	13	0·26
Average 1955-59 ...	2,276	3	0·11
Average 1960-64	1,657	1	0·07
Average 1965-69	583	0·6	0·10
1970	1,063	3	0·28
1971	518	1	0·19
1972	48	0	—

CHICKENPOX

The number of cases of chickenpox brought to the notice of the Department during 1972 was 757, 236 less than in 1971.

The distribution of the cases throughout the five divisions of the City was as follows :—

	1972
Central	146
Northern	191
Eastern	135
South-Eastern	139
South-Western	126
Institutions and Harbour ...	20
	757

During the year only 58 cases were removed to hospital. There were no deaths from chickenpox in 1972.

PEMPHIGUS NEONATORUM

For the eleventh year in succession no cases of this disease were reported. In 1961 there were 12 cases and as recently as 1959, 44.

RABIES

No case of rabies is known to have occurred, but the number of instances of persons injured by dogs or other animals each year is considerable.

The Police Department supplied the following information regarding the number of persons injured by animals during 1972 and 1971 :—

	1972	1971
Injured by dogs	810	862
Injured by horses	5	3
Injured by other animals	8	2

TRACHOMA

Trachoma was made notifiable in Glasgow in 1914 under the provisions of the Infectious Diseases (Notification) Act, 1889.

No new cases of the disease were notified in 1972. During the year nine cases were removed from the Register, seven having gone away, and two having died.

The total number of cases on the Register is now 21.

At a special clinic patients made a total of 135 attendances and the nurses carried out 246 home visits.

ANTHRAX

No cases were notified during 1972.

Since 1960, when anthrax became notifiable, there have been two cases in 1965 and one in both 1966 and 1967.

Samples of imported bone grist have been shown to contain the causative organism, bacillus anthracis.

INFECTIVE JAUNDICE

Infective jaundice comprises viral hepatitis and infectious hepatitis which cannot be differentiated on clinical or biochemical grounds.

Previous to notification, which became operative from 1st October, 1968, cases were recorded which had been mainly hospital admissions.

The numbers were as follows :—

1956-1960	657	1968	357 (225 from 1st October, 1968)
1961-1965	626	1969	661
1966	149	1970	441
1967	185	1971	469
		1972	344

Compared with 1971, there was a decrease of 125 and the number admitted to hospital was 144. There were no deaths.

The quarterly incidence for the last four years was as follows :—

	1969	1970	1971	1972
1st Quarter	187	117	87	106
2nd Quarter	136	103	95	71
3rd Quarter	124	97	121	76
4th Quarter	214	124	166	91

The age and sex incidence in 1972 was as follows :—

Age Group ...	-1	-5	-15	-25	-35	-45	-65	65+	Total at all Ages
Males	—	23	78	39	22	10	11	5	188
Females ...	—	13	69	32	16	6	15	5	156

LEPTOSPIROSIS

Incidence	Serogroup Involved *L. icterohaemorrhagica*	*L. canicola*
1955-60	5	6
1961-65	4	17
1966	—	1
1967	1	—
1968	—	3
1969	—	2
1970	—	1
1971	One serotype not identified	—
1972	—	—

BRUCELLOSIS

While not a notifiable disease, information concerning Brucellosis is available from weekly returns made by bacteriological laboratories. During 1972, one case occurred in a permanent Glasgow resident, while a further case was diagnosed in an engineer within one month of his return to this country. This man had been employed in an abattoir abroad. This compares with three cases in 1969, two in 1970 and two in 1971.

The disease is a systemic illness, characterised by recurrent fever, lassitude, sweating, headache, anorexia, joint pains and generalised aching, while the onset may be acute or insidious. Disability can be pronounced.

The reservoir of human infection is mainly cattle, although sheep, goats and swine can harbour Brucella organisms. Human infection is derived from contact with the tissues, secretions or organs of infected animals, or from the ingestion of milk or dairy produce from such animals. People in occupations such as veterinary surgeons, abattoir workers and farm workers involved with infected dairy herds are particularly at risk. Prevention is eminently attainable by the pasteurisation of all milk, which would eliminate also any other bacteria which may be present in the milk and capable of causing human illness, and by the creation of Brucellosis-free herds under a planned eradication programme now introduced by Government legislation. It should be emphasised that pasteurisation does not relieve dairy farmers of the responsibility to

maintain the highest standards of hygiene in their premises and their workers, or the necessity for scrupulous cleanliness in creameries to prevent contamination.

A twenty-one-year old telephone engineer complained of increasing tiredness, pyrexia, anorexia and joint pains over a period of two to three months and on investigation at a general hospital it was established by serological examinations that antibodies were present to Brucella abortus and Brucella melitensis at titres of 1 : 5,120 and 1 : 2,560 respectively. This man had no connection with cattle and his household milk supply was pasteurised. Within the four months previous to his becoming unwell he had attended two residential courses in two different areas in connection with his occupation, but information from these areas was that the milk supply to the establishments concerned was pasteurised. It is possible that he could have consumed unpasteurised milk as his daily work included a reasonable amount of travelling.

SCABIES

The number of cases of Scabies treated by nurses has decreased by 886.

Division	Number of Families			Number of Cases		
	1972	1971	1970	1972	1971	1970
Central	104	173	274	178	307	510
Northern	108	258	507	200	466	1,029
Eastern	162	378	412	423	751	689
South-Eastern ...	60	106	140	112	192	244
South-Western ...	68	139	250	121	204	438
Total	502	1,054	1,583	1,034	1,920	2,910

For many years now no reception arrangements have existed in the City and cases have had to be treated within their own homes. Children at school are treated at Florence Street and Glenbarr Street Clinics, and also in the District clinics.

School Children Treated at Clinics for Scabies

Month	Boys	Girls	Total
January	166	166	332
February	118	119	237
March...	227	181	408
April	183	145	328
May	115	141	256
June	128	142	270
July	3	2	5
August	16	14	30
September	237	192	429
October	182	174	356
November	77	105	182
December	80	82	162
	1,532	1,463	2,995

The figures given for school children treated at clinics are in addition to the divisional figures quoted. The total for the equivalent group for 1971 came to 3,488, and for 1970 to 3,040.

INFLUENZA

There was evidence of a moderate outbreak of influenza due to a virus type A during the first quarter of the year but the evidence would suggest that the outbreak was not of a very serious nature.

As the disease is not notifiable an estimate of its incidence must be taken from the following sources :—

1. Isolation of virus or identification by significant rise in titre—from the weekly "Communicable Diseases Scotland" reports (Glasgow figures only).
2. New claims for sickness benefit made to the Department of Health and Social Security.
3. Notified cases of Influenzal Pneumonia.
4. Deaths from Influenza.

Isolation or Identification of Influenza Virus, 1972

	Type		
	A	B	C
1st quarter ...	158	1	1
2nd quarter ...	4	—	—
3rd quarter ...	9	—	—
4th quarter ...	7	—	—
Total ...	178	1	1

This is a high figure for the isolation of influenza virus but it must be remembered that this figure is dependent on the number of specimens sent for examination and does not reflect in any way the true incidence of the disease.

Weekly Returns of New Claims for Sickness Benefit

The total number of new claims for sickness benefit made in Glasgow each week during the year normally runs in the region of between five and seven thousand. The number of new claims rose rapidly to over ten thousand in the fifth week of the year but fell rapidly back to the average level in the eighth week of the year.

This is not an exceptionally high rise and in no way compares with the maximum figure of twenty-two thousand during the influenza outbreak during the first quarter in 1970 or the figure of seventeen thousand in 1966 and in 1968. The indication is that the influenza was not producing an illness causing a great amount of incapacity.

MONTHLY DISTRIBUTION OF NOTIFIED CASES OF INFLUENZAL PNEUMONIA, 1972

January	19	July	—
February	15	August	—
March	—	September	—
April	1	October	—
May	—	November	1
June	—	December	1
		Total	37

These figures are of no great significance as it is recognised that most cases of pneumonia due to influenza are never notified unless hospital admission is required. The figures do not, however, suggest much serious influenza illness.

DEATHS FROM INFLUENZA (REGISTRAR GENERAL'S FIGURES) 1972

Age Group	Deaths
Under five years	1
5—15 years	—
15—55 years	8
55—65 years	13
Over 65 years	42
Total	64

This is a moderate figure for deaths from influenza and compares with nine from last year and is in keeping with all the previous figures considered for 1972 which suggests a moderate outbreak of no great severity.

The available figures are not an accurate indication of incidence of influenza, but it can be seen that there was an outbreak of type A influenza in the first quarter of the year which did not produce any great incapacity.

PNEUMONIA AND BRONCHITIS

Of the 1,506 cases of primary pneumonia notified during the year, 1,230 were treated in hospital. Nearly a quarter of the patients notified

were children under school age and just under a half were persons over 65.

The distribution by age group and sex of the notifications of primary pneumonia was as follows :—

	Males	Females	Total	Percentage
Under 1 year ...	119	73	192	12·7
1—4 years ...	108	65	173	11·5
5—44 years ...	82	80	162	10·8
45—64 years ...	156	129	285	18·9
65 years and over	339	355	694	46·1
	804	702	1,506	100·0

The Registrar General's annual return shows that 626 died of pneumonia, 681 of bronchitis, emphysema and asthma, and 135 of "other respiratory diseases" (i.e. other than pneumonia, bronchitis, etc., influenza and tuberculosis).

The distribution by age group and sex of the deaths from pneumonia and bronchitis, etc., was as follows :—

	Pneumonia				Bronchitis, Emphysema and Asthma			
	Males	Females	Total	Percentage	Males	Females	Total	Percentage
Under 1 year ...	32	20	52	8·3	—	—	—	—
1-4 years ...	7	4	11	1·8	—	—	—	—
5-44 years ...	12	4	16	2·5	6	9	15	2·2
45-64 years ...	44	30	74	11·8	125	59	184	27·0
65 years and over	211	262	473	75·6	342	140	482	70·8
	306	320	626	100·0	473	208	681	100·0

TUBERCULOSIS

	Incidence		
	Pulmonary	Non-Pulmonary	Total
1935-39 (Average)	1,650	657	2,307
1940-49 do.	2,565	579	3,144
1950-56 do.	2,232	287	2,519
1957 (Mass X-ray)	3,925	172	4,097
1958-62 (Average)	1,108	130	1,238
1963	863	116	979
1964	814	135	949
1965	721	104	825
1966	634	102	736
1967	570	87	657
1968	525	55	580
1969	455	59	514
1970	484	69	553
1971	391	84	475
1972	422	100	522

In last year's Annual Report it was suggested that the incidence of tuberculosis, as expressed in new cases notified, could be expected to fluctuate from year to year. This phenomenon has been seen in other places in Britain. Unfortunately, the prediction has been proved

correct as the above table shows. After a considerable fall in new pulmonary cases in 1971, there has been an increase in 1972, and a further increase in non-pulmonary cases.

The next table shows age and sex distribution of cases booked in 1972 compared with 1971.

	Pulmonary				Non-Pulmonary			
	Males		Females		Males		Females	
Age Groups	1972	1971	1972	1971	1972	1971	1972	1971
– 5 ...	1	1	2	1	—	—	2	2
– 15 ...	7	7	7	5	2	1	2	3
– 25 ...	25	23	25	18	11	10	8	8
– 35 ...	28	25	23	25	8	8	11	7
– 45 ...	29	32	24	17	9	5	8	8
– 55 ...	57	45	17	25	5	3	11	4
– 65 ...	54	67	28	19	5	5	6	3
65 + ...	69	60	26	21	2	5	10	12
	270	260	152	131	42	37	58	47

Pulmonary Tuberculosis.—The increase of 31 cases compared with 1971 is comprised of 10 cases on the male side and 21 cases on the female side. For several years, the female incidence has been about half that of the males but the proportion in 1972 is higher and this is largely accounted for by an increased number of women over 55 years of age. The incidence in the younger age groups shows little change when it might be expected to fall. A partial explanation may be that citizens of Asian origin have a different immunity pattern. There were 28 new notifications in this section of the population (15 males and 13 females) and only one was over 55 years of age.

Comment was made last year about the large number of persons dead before notification or soon after booking. A small table emphasises this point.

Year	1. Total Bookings	2. Deaths before Booking	3. % 2 of 1	4. Deaths within 6/12	5. % 4 of 1	6. Total % 3 + 5
1964	814	28	3·4	Not Known		
1971	391	42	10·7	19	4·9	15·6
1972	422	41	9·7	13	3·1	12·8

Almost all these deaths in 1971 and 1972 were in people over 55 years of age and this is an aftermath of the years of high infection around the time of the war. Many people are failing to receive timely treatment, perhaps because they fail to seek it. Of these 54 deaths in 1972; 32 were proven infectious in that positive sputum cultures were examined at the Mearnskirk Laboratory.

Sputum examination for tubercle bacilli was positive in 241 (57

per cent) of the 422 notified cases. The Reference Laboratory at Mearnskirk made available their records of cultures and this helped in arriving at positive sputum figures. In eight of these 241 positive sputum cases the organism was tested at Mearnskirk and showed a degree of drug resistance.

Intimations of Primary Tuberculosis.—There were only 11 intimations in 1972 comprising six boys and five girls, compared with 34 in 1971. There was no intimation south of the river. The reason for this surprising drop in intimations can only be a matter for conjecture but it is noted that there was no compensating rise in young children notified.

Non-Pulmonary Tuberculosis.—The incidence of non-pulmonary disease shows an increase for the fourth successive year. Both male and female notifications were greater than in 1971. The sites of involvement in the one hundred patients were :—

43 superficial glands
28 genito-urinary
10 bones and joints
5 meningeal
4 abdominal
10 "other organs"

Thirty-six of the one hundred notifications came from the South-Eastern Division and it is known that the standard of notification from hospitals here is good. It may be that there is improved notification compared with a few years ago. Patients of Asian immigrant stock form a larger proportion of non-pulmonary notifications than of pulmonary ; twenty-one such patients were notified, 14 males and seven females.

The meningeal cases included two young girls, one less than a year old who had no B.C.G. at birth and the other of four years who had a history of B.C.G. vaccination. So far as is knowm, the latter case was unique in this respect among tuberculosis meningitis cases which have occurred in Glasgow.

Mortality.—There were 73 deaths from pulmonary tuberculosis in 1972 compared with 70 in 1971. This is equivalent to a death rate of 8·5 per 100,000 compared with 7·8 per 100,000 in the previous year.

There was a small decrease in non-pulmonary deaths from 24 in 1971 to 19 in 1972.

For the fourth year in succession there was no death from pulmonary tuberculosis under 25 years of age. In 1971 almost two-thirds of the deaths were in men over 55 years of age. This proportion in 1972 has fallen to less than one half.

As with notifications the older women make a noticeably larger contribution to the death rate than in recent years. Attention is again drawn to the lack of timely treatment in many of these older persons of both sexes. With modern therapy many of the deaths could be prevented or delayed.

DEATHS FROM TUBERCULOSIS

Age	Pulmonary			Non-Pulmonary		
	Male	Female	Total	Male	Female	Total
Under 25 ...	—	—	—	1	—	1
Under 35 ...	1	2	3	1	—	1
Under 45	3	1	4	—	2	2
Under 55 ...	7	3	10	2	1	3
Under 65 ...	8	6	14	3	1	4
Under 75 ...	15	8	23	2	—	2
Under 85 ...	10	6	16	1	3	4
85 + ...	2	1	3	—	2	2
	46	27	73	10	9	19

X-RAY SECTION

The work of the section has followed the usual pattern. The quality of films has been good.

The numbers and rates of recall for large films were as follows :—

	Males	Females	Total
Miniature	4,084	4,665	8,749
Recalled	129	120	249
Recall Rate ...	3·2%	2·6%	2·8%

The rates are not quite so good as those for 1971, which were exceptionally low—3·0 per cent. (male) 2·0 per cent (female) and 2·6 per cent. (total).

The 8,749 miniature films taken in 1972 were classified below.

MINIATURE FILMS, 1972

	Males	Females	Total
1. Contacts, new	186	238	424
2. Contacts, old	3	3	6
3. Superannuation	2,063	1,009	3,072
4. Sick Pay	449	1,105	1,554
5. Police	564	174	738
6. Special Surveys	146	168	314
7. Nursery Staff, etc, ...	—	448	448
8. Eventide Homes	—	3	3
9. Other Local Authorities	4	10	14
10. Miscellaneous	230	506	736
11. School Teachers	439	1,001	1,440
	4,084	4,665	8,749

There was an increase in female miniature films compared with 1971, explained by the larger number of school teachers. Fewer male teachers were X-rayed than in 1971 in which year also a survey of older men on the Corporation staff increased the numbers. The net result was that about two hundred fewer miniature X-rays were taken.

The 512 full size films consisted of 249 recalls and 263 primary full size films. In 1971 there were 522 large films, made up of 229 recalls and 293 primary. Large films are taken where it would be inconvenient for the person to be recalled, for example, the entrants to old folk's homes or people living some distance from Glasgow.

The findings for 1972 are classified as follows :—

FULL SIZE FILMS, 1972

Groups	Phthisis Active	Phthisis Inactive	Pleurisy	Root Lesions	Non-Pulm. Lesions	Neo-Plasm	N.A.D.	Total
MALE—								
1. Contacts, new ...	—	—	2	3	—	1	4	10
2. Contacts, return ...	—	—	—	—	—	—	—	—
3. Superannuation ...	14	13	6	3	10	2	24	72
4. Sick Pay	7	16	3	4	1	—	10	41
5. Police	1	2	1	—	4	—	30	38
6. Special Surveys ...	—	—	—	—	—	—	—	—
7. Nursery Staff, etc.	—	—	—	—	—	—	—	—
8. Eventide Homes ...	4	1	2	2	10	—	31	50
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	—	5	2	—	3	—	16	26
11. School Teachers ...	1	2	1	—	1	—	2	7
	27	39	17	12	29	3	117	244
FEMALE—								
1. Contacts, new ...	3	7	—	3	2	—	4	19
2. Contacts, return ...	—	—	—	—	—	—	—	—
3. Superannuation ...	6	10	1	—	4	—	15	36
4. Sick Pay	5	11	1	4	4	—	19	44
5. Police	—	2	—	—	—	—	6	8
6. Special Surveys ...	—	1	1	—	—	—	—	2
7. Nursery Staff, etc....	—	6	—	1	1	—	9	17
8. Eventide Homes ...	2	8	4	4	13	2	69	102
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	2	4	3	—	2	—	9	20
11. School Teachers ...	3	4	1	—	2	—	10	20
	21	53	11	12	28	2	141	268

In 48 of those examined, a diagnosis of pulmonary tuberculosis was suggested, the disease being possibly active. This compares with a figure of 41 for similar cases in 1971.

It is interesting that the Special Surveys of contacts at work produced no cases, whereas four cases were found in the previous year. This is still considered a worthwhile procedure. Most of the tuberculosis seen in the Unit is among candidates for superannuation and sick pay, a fair proportion of whom are in the older age groups.

The possibility of lung cancer was raised in five people, the same number as in the previous year.

In the category of non-pulmonary lesions, 38 persons with an abnormal heart shadow were noted.

B.C.G. VACCINATION

The number of B.C.G. vaccinations performed has been falling for several years and this is fully explained by the smaller population of children, new born and at age thirteen. In 1972, 24,658 vaccinations were done compared with 25,790 in 1971.

The number of new born infants vaccinated in the maternity units was 10,846, representing 84 per cent of hospital births and 83 per cent of live births. Very few infants are now born outside hospital. This compares with 11,379 infant vaccinations in 1971 ; 77 per cent hospital births and 74 per cent of live births. The acceptance by mothers has steadily improved and any vaccination procedure which covers 83 per cent of the population is very successful.

School Campaign.—Another successful campaign was carried through with the co-operation of school staff, parents and children. Ninety-six schools were visited and 14,436 consents were obtained out of a possible 14,727, representing a 98 per cent consent rate.

Tuberculin Testing.—The testing was done by the Mantoux method using P.P.D. of 10 Tuberculin Unit strength. Only 14·1 per cent of the pupils were positive compared with 18·1 per cent in the previous year.

For the three years 1968 to 1970 inclusive, there was a significantly higher proportion of boys than girls who were positive reactors. In 1971 the higher proportion of male positives did not reach statistical significance. In 1972 the proportions of males and females giving a positive reaction are practically identical.

One hundred and seventy-five children of Asian immigrant families were tested and of these 58 (33·1 per cent) were positive reactors. This compares with 30·8 per cent positive in 1971 and 42·5 per cent positive in 1970. In all three years the proportion of those children showing signs of previous infection is significantly higher than that in the general population.

There were 11,696 children vaccinated, 202 fewer than in 1971 but this means that 79 per cent of the available children were vaccinated as compared with only 76 per cent in the earlier year.

Schools B.C.G. Campaign, 1972

1. Public Response—Parental Consent to Vaccination

	Schools	Pupils	Consents	% Response
Public Schools ...	90	14,356	14,071	98·0
Private Schools ...	6	371	365	98·4
Total ...	96	14,727	14,436	98·0

2. Loss Due to Absence From School

	(1) Consents	No. Absent 1st Visit	% of (1)	No. Tested	No. Absent 2nd Visit	% of (1)	Total No. Absent	% of (1)	No. of Tests Read
Public Schools	14,071	604	4·3	13,467	206	1·5	810	5·8	13,261
Private Schools	365	3	0·8	362	1	0·3	4	1·1	361
Total	14,436	607	4·2	13,829	207	1·4	814	5·6	13,622

3. Results of Mantoux Tests

	Tests	Positive	Per Cent	Negative	Per Cent.
Male—					
Public Schools ...	6,572	929	14·1	5,643	85·9
Private Schools ...	149	21	14·1	128	85·9
Total ...	6,721	950	14·1	5·771	14·1
Female—					
Public Schools	6,689	943	14·1	5,746	85·9
Private Schools ...	212	25	11·8	187	88·2
Total ...	6,901	968	14·0	5,933	86·0
All Results ...	13,622	1,918	14·1	11,704	85·9

4. B.C.G. Vaccination

	Negative Reactors	Not Vaccinated	%	Vaccinated
Male—				
Public Schools	5,643	3	0·1	5,640
Private Schools	128	—	—	128
Total	5,771	3	0·1	5,768
Female—				
Public Schools— ...	5,746	5	0·1	5,741
Private Schools	187	—	—	187
Total	5,933	5	0·1	5,928
Both Sexes	11,704	8	0·1	11,696

Routine Vaccination Scheme.—The clinics run by the five health

divisions continued and 582 children were vaccinated. This is the highest number since 1969 and includes family contacts for whom the procedure is of great importance.

The addition of 24,658 vaccinations in 1972 brings the total to 477,187 vaccinations performed in Glasgow since 1950. It appears certain that over half a million vaccinations will have been done before the Health Department disappears in 1974 ; a remarkable achievement.

B.C.G. Vaccinations—Glasgow, 1950/72

Group	Centre	1950/67	1968	1969	1970	1971	1972	Total
Indoor	Moffat Street	895	—	—	—	—	—	895
Contacts	Carnbooth	573	1	—	—	—	2	576
	Millbrae	729	—	1	1	1	3	735
N.B. Infants	Millbrae	1,039	1	—	6	5	1	1,052
	Total	3,236	2	1	7	6	6	3,258
Outdoor	Health Department ...	21,257	682	665	404	360	582	23,950
Contacts	R.H.S.C.	1,009	—	—	—	—	—	1,009
	Total	22,266	682	665	404	360	582	24,959
Nurses	Hospitals	2,642	125	202	167	228	258	3,622
	Langside College Trainees	297	16	20	18	18	38	407
	Logan and Johnston Trainees	329	—	—	—	—	—	329
	H.V. Trainees	18	—	—	—	—	—	18
	Total	3,286	141	222	185	246	296	4,376
Students	University	889	27	34	37	44	21	1,052
	Others	93	—	—	—	—	—	93
	Total	982	27	34	37	44	21	1,145
	Total Primary Groups ...	**29,770**	**852**	**922**	**633**	**656**	**905**	**33,738**
N.B. Infants	Maternity Hospital ...	36,556	2,831	2,771	2,874	2,696	2,473	50,201
	Robroyston Hospital ...	22,122	1,731	1,443	1,628	1,294	714	28,932
	Stobhill Hospital ...	20,114	1,496	1,361	1,185	1,276	1,331	26,763
	Western District Hospital	11,765	—	—	—	—	—	11,765
	Southern General Hospital	6,793	1,017	961	1,064	1,359	1,642	12,836
	Eastern District Hospital	5,552	886	530	512	593	710	8,783
	Redlands Hospital ...	6,440	1,042	996	1,057	1,158	1,077	11,770
	Maternity Hospital— Ross Annexe	16,417	1,474	1,473	865	459	520	21,208
	Belvidere Hospital ...	4,414	952	942	875	916	867	8,966
	Queen Mother's Hospital	6,807	1,942	1,763	1,652	1,628	1,512	15,304
	Total	136,980	13,371	12,240	11,712	11,379	10,846	196,528
Scholars	Schools	155,703	11,623	11,588	12,068	11,898	11,696	214,576
Others	Various	23,389	1,885	2,200	1,803	1,857	1,211	32,345
	Total	179,092	13,508	13,788	13,871	13,755	12,907	246,921
	Total Secondary Groups	**316,072**	**26,879**	**26,028**	**25,583**	**25,134**	**23,753**	**443,449**
	Total All Groups ..	**345,842**	**27,731**	**26,950**	**26,216**	**25,790**	**24,658**	**477,187**

Cumulative Total—477,187

SEXUALLY TRANSMITTED DISEASES

Patients attending the special clinics in Glasgow during 1972 accounted for 8,922 new cases, 6,222 of which were in male patients and 2,700 in females, attendance rates of 1,515·3/100,000 of the male population and 598·3/100,000 of the female population of Glasgow. The over-all increase over 1971 was 6·6 per cent ; 0·6 per cent for males and 23·7 per cent for females. The incidence by sex of all the conditions diagnosed during 1972 is set out in Table I. This information is far more comprehensive than has been published hithertofore. The clinics do not now record the admission and disposal of patients, so this information is no longer available.

Syphilis

There was a decrease of 11 in the number of male patients with primary and secondary syphilis compared with 1971. Of the 15 male patients seen in 1972, 1 was a homosexual who was infected in England, 6 were merchant seamen, 1 being infected locally, 1 elsewhere in the United Kingdom, 3 foreign seamen were infected abroad and in another case it was impossible to be definite as to the locality of infection. Of the remaining 8 men, 4 acquired their infections locally and 4 elsewhere in the United Kingdom. Two male patients attended as a result of contact tracing. Only 2 women attended the clinics with either primary or secondary syphilis in 1972 as compared with 12 in 1971. Both women acquired their infections locally. Table II sets out the localities where infections of primary and secondary syphilis took place.

Ten men and 11 women attended with late syphilis. This compares with 20 men and 17 women in 1971. One can now safely say that there has been no aftermath of late syphilis following the 1939-45 war as was noted following the 1914-18 war. It is now over 25 years since the peak incidence of primary and secondary syphilis and there has been no epidemic of cardiovascular or neurosyphilis.

The 4 cases of congenital syphilis (11 in 1971) were all aged 15 years and over. This confirms the efficacy of the ante-natal screening for syphilis which, over the years has cut down the incidence of congenital syphilis throughout the United Kingdom. There is some danger that those in charge of ante natal care are becoming complacent about the situation and do not realise the dangers of undiscovered syphilis in a pregnant woman.

Ante natal Blood tests

The decline in the number of ante-natal serological blood tests for syphilis carried out in Glasgow continued to 1972. Sera from 19,249 women were examined compared with 21,935 in 1971. The City Laboratory tested 1,694 sera from the ante-natal clinics, 14 (0·83 per cent) of which gave positive results to the reagin tests and of which 4 were confirmed by the specific tests. The City Laboratory also tested 2,292 sera from patients attending their general practitioners, 4 (0·17 per cent) of which gave positive results, but none was confirmed by the specific tests.

The other laboratories in Glasgow carried out further 15,263 tests on sera from ante-natal patients. 51 (0·33 per cent) gave positive non-specific results 8 of these being confirmed by the specific tests. In all 12 (17·4 per cent) of the 69 positive or doubtful results to reagin tests were confirmed which gave an overall incidence of syphilis among ante natal patients during 1972 of 0·062 per cent a slight fall from 0·098 per cent in 1971.

Gonorrhoea

There was a decrease in the number of male cases treated in 1972, 1,199 (292·0/100,000 population) compared with 1,309 in 1971. This slight improvement is welcomed especially as there was an increase in the number of female cases. 604 (133·8/100,000 population) females were treated compared with 570 in 1971. The sources of genital gonorrhoea are set out in Table II, from which it will be seen that the vast majority of infections are acquired locally, 69·7 per cent of those in men and 82·6 per cent. of those in women.

The age groups of patients with genital gonorrhoea is set out in Table III which shows the trends over the years. Because some patients attend with more than one infection per year, the actual number of patients treated was 1,095 males and 567 females. This compares with 1,175 males and 530 females in 1971. During 1972, 8 cases of gonococcal ophthalmia neonatorum were referred to the Department of Venerology compared with 16 in 1971. This is an improvement, but the number is still too high and it must be reiterated that these cases reflect a deficiency in the ante natal care of the mothers. Three children were referred with gonococcal vulvo-vaginitis. In 1 case this was due to sexual assault but this is an unusual finding in the Glasgow area.

The Sensitivity of N.Gonorrhoeae to Antibiotics

During 1972 the City Laboratory reported the full sensitivities of 1,391 strains of N.gonorrhoea. As usual, the reports included the Minimum Inhibitory Concentration (M.I.C.) of penicillin together with the sensitivity or resistance to streptomycin, sulphonamides, kanamycin and tetracycline as well as to other antibiotics.

Table IV sets out, by quarters, the sensitivities to penicillin. During 1972, 2·8 per cent strains required an M.I.C. of 1·2 ug/ml or more of penicillin G. This is an increase from 2·6 per cent in 1971. 49·2 per cent of the strains were sensitive to 0·03 ug/ml penicillin G or less compared with 43·7 per cent in 1971. It does not appear that there has been any increase in proportion of less sensitivity strains but there is evidence of polarisation ; that is to say there is an increasing incidence of the very sensitive strains and the very resistant strains. Nevertheless, it must be stated most firmly that penicillin by injection remains the treatment of choice for gonorrhoea in the Glasgow area. The incidence of in vitro resistance to other antibiotics is set out in Table V, once again by quarters. In 1972, 76·8 per cent. strains were sensitive to all the agents tested as compared with 66·5 per cent in 1971. 21·1 per cent were resistant to streptomycin compared with 32·6 per cent in 1971 and 2·9 per cent to sulphonamides compared with 1·8 per cent in 1971. Once again, no strain was resistant to either tetracycline or kanamycin.

Other Sexually Transmitted Diseases

One male patient was treated for Lymphogranuloma venereum and another for chancroid.

Non Specific Genital Infections (Including Urethritis)

Although there was a drop in the number of cases of non specific urethritis treated in 1972 (1,537) compared with 1971 (1,656), once again the incidence of this condition exceeded that of gonorrhoea in male patients.

The arthritic complications were found in 15 male patients, thus the incidence of Reiter's Disease in patients with non-specific urethritis was 0·97 per cent.

For the first year non-specific genital infection in women has been recorded. These were only 31 patients, a relatively small number, probably because the diagnosis has only just been introduced. Two babies have been included under this heading. Both suffered from inclusion

conjunctivitis due to Chlamydia occulogenitalae (TRIC agent). For the present time, infections with sub-group A Chlamydia are being included under this heading until it has been established whether or not this organism is a cause of these infections.

Trichomoniasis

During 1972, 26 male patients were found to be suffering from T. vaginalis infection compared with 20 in 1971. The figures for female patients were 795 and 617 respectively. The rise in the incidence in trichomoniasis continues, it being the most common cause of vaginal discharge in the Glasgow area. It is frequently associated with gonorrhoea, whose presence it may mask.

Genital Candidosis

This condition has not been considered separately in the past. In 1972, 553 women and 91 men were diagnosed as suffering from infection of the genitals by candida albicams. The incidence in women is rising and will probably continue to do so as more women take the contraceptive pill, with which it is commonly associated. It is also found in women who receive courses of broad spectrum antibiotics which alter the normal flora of the bowel allowing these yeast type organisms to flourish and from whence contamination of the genitals may occur. There is adequate treatment for this condition but relapse is common especially when the male partner is not treated concurrently.

Genital Warts

Altogether 428 patients attended with this viris infection, 302 men and 126 women. The condition is sometimes quite resistant to local applications but recently, success has been obtained with the use of Cryosurgery. With this form of treatment, the wart is frozen to $-70°C$ over a period of less than 1 minute. Treatment is painless and so far appears to be highly successful.

Genital Herpes Simplex, Pubic Lice and Scabies

One hundred and eighty three patients attended with genital herpes, the vast proportion, 175 being male patients. Again, this is a sexually transmitted virus disease and it responds to a certain extent, to local treatment. However, recurrence is not infrequent and newer methods of treatment are under investigation. 100 men and 16 women were treated for pubic ice(pthirius pubis infestation) compared with 120 men and 4 women in

1971 while 95 men and 8 women attended with genital scabies compared with 118 men and 7 women in 1971. Over-all, 3,883 patients attended with these other sexually transmitted diseases; 2,346 males 1,537 females these numbers being far in excess of the numbers of patients attending with those diseases labelled venereal.

Other Conditions

One female patient was found to be suffering from a tropical treponemal disease, yaws. This she had acquired asexually during childhood while living in the Caribbean. She and her practitioner were reassured that no treatment was required although the blood results are similar to those which might be found in a person from a temperate climate who had acquired syphilis in the past.

1,376 men and 139 women received treatment for genital conditions, not necessarily infections, and excluding those mentioned above. Mainly these were abrasions and skin conditions possibly not associated with sexual intercourse. In addition, 1,264 men and 394 women attended and were found to be free from any sexually transmitted condition whatsoever. This total included 89 male and 76 female babies who were referred for serological tests for syphilis prior to adoption. The number of these referrals continues to drop.

Cervical Exfoliative Cytology

As is our practice, a routine cervical smear for exfoliative cytology was taken on the first visit from all women who required vaginal examination. Smears were repeated, sometimes on more than one occasion, when requested by the cytologists. During 1972, 1,556 smears were taken from 1,300 patients an increase from 1,217 smears from 1,056 patients in 1971. 11 of the smears were reported either Grade 4 or Grade 5 and 9 patients were referred to gynaecologists, the other 2 had given false names and addresses on their initial visit and did not return, therefore we could not contact them. A cone biopsy was carried out on all the 9 patients, 1 was reported as being normal and another showed dysplasia. Carcinoma *in situ* was diagnosed in 6 cases for which additional treatment was given as follows : amputation of cervix in 1, hysterectomy in 1 and radium therapy in 2. 1 patient was found to have a stage 2 carcinoma of the cervix which was treated with radium.

Attendance of Seamen at Special Clinics

The fall in the number of merchant seamen attending the special clinics continued to 1972, when only 452 attended. This compares with

534 in 1971. A number of these seamen were foreigns who only wanted a check-up before they returned to their own country but some did have infections. 74 had gonorrhoea compared with 85 in 1971 and 6 primary or secondary syphilis compared with 9 in 1971.

The Results of Contact Tracing

Twelve patients with syphilis were interviewed about their contacts, either sexual or familial and, as a result, 7 contacts attended only 2 of whom were found to be suffering from that disease. Information obtained from 1,357 patients with gonorrhoea and from clinics elsewhere in the United Kingdom led to 545 contacts attending, 416 of whom were found to be infected. (Table VI).

Contact tracing was responsible for bringing to treatment 43 (5·1 per cent) of the 836 men and 373 (74·7 per cent) of the 499 women who were infected with gonorrhoea locally. The vast majority of these patients did not have any symptoms whatsoever, the others had not associated their symptoms with a sexually transmitted disease. Nevertheless, all were infectious and, without the contact tracing service would have continued to spread gonorrhoea in Glasgow and elsewhere. Of the 476 women sought locally only 9 (1·9 per cent) refused to attend for examination reflecting the high standards attained by the contact tracers in Glasgow. The fact that gonorrhoea was found in 79·9 per cent of female contacts and only 55 per cent of male contacts may reflect a difference in the inefectivity of the disease between males and females as well as the known higher incidence of asymptomatic gonorrhoea in women. The small number of highly promiscuous women attending as contacts of men with gonorrhoea can be seen in Table VII. The vast majority of infections are now transmitted by people only intermittently promiscuous.

Owing to increased pressure of work, only 107 of the patients suffering from all the other conditions were interviewed. This resulted in 96 regular consorts, married or otherwise, attending, 77 of whom required treatment.

Case Holding

The Two Health Visitors who are attached whole time to the Department of Venereology as contact tracers are unable to cope alone with the increase in workload. There is urgent need for an increase in the number of contact tracers to work in Glasgow if we are to manage properly the increasing number of patients.

During 1972 the Health Visitors had to concentrate their efforts in interviewing infectious patients and tracing contacts in which field their efforts have been exceptionally rewarding as has been mentioned previously. As a result of this, they had to cut down the number of visits paid to defaulters : 293 compared with 471 in 1971. Nevertheless, the concerted efforts of all the clinic staff resulted in patients with gonorrhoea attending better than in 1971. The average number of attendances made by men was 5·8 and by women 6·0 compared with 5·6 and 5·4 respectively during 1971. The efforts made to persuade defaulters to return during 1972 is set out in Table VIII. Over-all 61·9 per cent of males and 64·7 per cent of females returned compared with 43·6 and 51·5 per cent respectively in 1971.

There was an increase in the number of default episodes of men with gonorrhoea, 405 compared with 373 in 1971 but a decrease in the number by women, 533 compared with 599 in 1971. While the number of false names and addresses given rose from 52 to 78 by men and from 126 to 133 by women this represented a rise in proportion from 8·7 per cent. to 10·2 per cent for men and a fall from 20 per cent to 14·9 per cent for women.

Table I

New Patients by Diagnosis, 1972

Disease	Total	Male	Female
Syphilis—			
Acquired, primary	9	9	0
Acquired, secondary	8	6	2
Acquired, Latent in First Two Years Infection	12	9	3
Acquired, cardio-vascular ...	5	3	2
Acquired, neurological	1	1	0
Acquired, All other late or Latent Stages	15	6	9
Congenital	4	0	4
Total A1-A7	54	34	20
Gonorrhoea—			
Genital	1,803	1,199	604
Gonococcal Ophthalmia	8	3	5
Total B1-B3	1,811	1,202	609
Chancroid	1	1	0
Lymphogranula venereum	1	1	0
Granuloma inguinale	0	0	0
Non specific genital infections including urethritis	1,568	1,537	31
Non specific genital infections with arthritis	15	15	0
Trichomoniasis	821	26	795
Genital Candidosis	644	91	553
Genital Scabies	103	95	8
Pubic Lice (pendiculosis pubis) ...	116	100	16
Genital Herpes Simplex	183	175	8
Warts (condylomata acuminata) ...	428	302	126
Molluscum contagiosum	3	3	0
Total C1-C12...	3,883	2,346	1,537
Other Treponemal Diseases ...	1	0	1
Other conditions requiring treatment	1,515	1,376	139
Other conditions not requiring treatment	1,658	1,264	394
Total D1-D3	3,174	2,640	534
Grand Total	8,922	6,222	2,700

Table II

Localities in which Infections Took Place

	Primary and Secondary Syphilis		Genital Gonorrhoea	
	Male	Female	Male	Female
Locally ...	5	2	836	499
Elsewhere in U.K.	6	—	289	98
Abroad ...	3	—	54	5
Not Known ...	1	—	20	2
	15	2	1,199	604

Table III

Genital Gonorrhoea by Age Groups 1967-1972

Sex	Year	Under 15	15-19	20-24	25-34	34-44	45 and Over	Total
Male	1967	1	93	269	447	161	115	1,086
	1968	—	131	301	392	140	87	1,051
	1969	—	97	318	414	137	71	1,037
	1970	1	131	359	514	151	77	1,233
	1971	1	154	424	470	175	85	1,309
	1972	1	145	400	424	140	89	1,199
Female	1967	8	70	124	162	40	12	416
	1968	4	87	135	113	33	14	386
	1969	4	94	133	129	48	3	411
	1970	4	129	165	150	34	10	496
	1971	3	163	186	164	44	10	570
	1972	5	185	202	144	49	19	604

Table IV

The Sensitivity of Strains of N.Gonorrhoeae to Penicillin

M.I.C. Penicillin G in μg/ml.	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
0·03 or less	142	49·5	181	45·7	172	47·6	190	54·8	685	49·2
0·06—0·15	95	33·1	158	39·9	125	34·6	103	29·7	481	34·6
0·3—0·6	46	16·0	42	10·6	51	14·1	47	13·5	186	13·4
1·2 and above	4	1·4	15	3·8	13	3·6	7	2·0	39	2·8
Total	287	100·0	396	100·0	361	100·0	347	100·0	1,391	100·0

Table V

Resistance of Strains of N.Gonorrhoeae to Antibacterial Agents

Antibacterial Agent	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Streptomycin	69	24·0	67	16·9	87	24·1	70	20·2	293	21·1
Sulphonamide	13	4·5	4	1·0	11	3·1	12	3·5	40	2·9
Kanamycin	—	—	—	—	—	—	—	—	—	—
Tetracycline	—	—	—	—	—	—	—	—	—	—
No. of strains examined	287	100·0	396	100·0	361	100·0	347	100·0	1,391	100·0
No. of strains sensitive to All Agents	210	73·2	325	82·1	267	74·0	267	77·0	1,069	76·8

Table VI

Confirmation or Otherwise of Diagnosis Sought in Contacts Attending

Sex	Syphilis		Gonorrhoea		Other Conditions	
	Yes	No	Yes	No	Required Treatment	Did not Require Treatment
Male	2	1	43	35	17	3
Female	0	4	373	94	60	16
Total	2	5	416	129	77	19

Table VII

Promiscuity of Female Contacts Attending with Gonorrhoea

122 Marital Contacts Excluded

Named by 1 man	218
Named by 2 men	17
Named by 3 men	11
Named by 4 men	2
Named by 5 men	2
Named by 6 men	1
	251

Table VIII

Attempts to Get Defaulters to Re-Attend In 1972

Sex	Diagnosis	Total At Risk	Default Episodes	Re-Attending No.	Re-Attending %	Efforts Needed Visits	Efforts Needed Letters
Male	B1 ...	1,538	405	233	58	—	609
	A1, 2, 3 ...	97	55	45	82	4	96
	A4, 5, 6... ...	105	29	25	86	—	49
	A7	15	4	2	50	—	10
Totals	...	1,755	493	305	61·9	4	764
Female	B1	775	573	370	65	361	820
	A1, 2, 3 ...	31	27	20	74	18	35
	A4, 5, 6 ...	61	14	10	72	5	20
	A7	24	12	5	43	5	16
Totals	... ...	891	626	405	64·7	389	891

SECTION VII

MENTAL SERVICES

The work of the Health Department in the care of the mentally disordered continued along the lines established since the Mental Health (Scotland) Act, 1960.

This section of the Report does not deal with similar work of the School Health Service. Passing mention can also be made to occasional co-operation with the Social Work Department, especially with regard to certification or informal admission of the mentally ill to hospital. The main effort normally described here can be dealt with under four headings.

1. *Assessment and Advisory Centres* :—

The two centres at Glenfarg Street and Balvicar Street continued their work of developmental assessment of young children and advice to parents. This is described in the Child Health Section of the Report. Home visiting by specially trained Health Visitors is part of this service. A step towards integration was taken early in 1973 when Health Department staff started work in a similar clinic at the Royal Hospital for Sick Children.

2. *Day Centres for Handicapped Children* :—

These centres function in association with those described above and give remedial treatment and training to the children. In all but a small minority, the improvement achieved is remarkable. They become more socially acceptable and learn to mix and play with their contemporaries. Ideally, they achieve advancement, for example, to training by the Education Department. For a few, unfortunately, such an objective proves impossible. With them there arrives a day of decision, say at the age of sixteen or perhaps earlier, when the choice has to be made between home care and institutional care.

A fourth day centre was recently commissioned at Croftcroighn in the East end of the City and admitted its first charges in May, 1973. This allowed the transfer of children from the East of the City attending Broomhill Centre, which can now concentrate on those living in the North-west. It also establishes a reasonable geographical distribution

of some 180 day-care places in the City which had been a goal of this Department for many years. Certainly, as early as 1965, the pattern of centres at Broomhill, Drumoyne and Croftcroighn was considered appropriate.

Judging by the waiting list of children which still remains, the provision made is even now inadequate.

A statistical note on the work of the three Centres functioning in 1972 follows :—

Balvicar Special Nursery :—This nursery caters for 25 children under school age and on 31st December, 1972 there was a full roll consisting of 16 boys and 9 girls.

Twenty-one children were dismissed during the year, with placement as follows :—

Normal Day Nursery	3
Normal School	1
Special School	11
Occupational Centre	5
Withdrawn by Parent	1
	21

Broomhill Day Centre :—There were 43 children enrolled at the end of 1972 which meant that the accommodation was fully stretched. The roll consisted of :—

	Boys	*Girls*
Under 5 years	11	11
Five years and over	12	9
Total	23	20

Dismissals during the year :—

Special School	3
Occupational Centre	4
Physically Handicapped School	2
Transfer to Drumoyne Centre	2
Total	11

Drumoyne Day Centre :- In theory, this centre is for 60 children, but with 57 on the roll as at the end of 1972, the staff were very busy. This centre has several children who are difficult to handle either because of their size and strength or because of the severity of their disability.

The roll consisted of :—

	Boys	*Girls*
Under 5 years	6	7
Five years and over	23	21
Total	29	28

Dismissals during the year :—

Lennox Castle Hospital	3
Special School	2
Occupational Centre	6
Removed from the area	3
Total	14

This service for handicapped children started with a special nursery in Moffat Street in October, 1961 and later the nursery moved to temporary premises at Broomhill. Progress over the years has been slow but the Health Department now has a service of considerable scope and high quality. It is to be hoped that it will continue to expand and improve under the new Board in 1974.

3. *Defectives Under Guardianship and Informal Care* :—Dr. Stewart and Dr. Lindsay continued their expert supervision of adult mental defectives. With regard to cases under formal guardianship, they act as responsible Medical Officers. Until 1969 they and the specially appointed Welfare Officers visited these cases and their guardians several times a year. Mental defectives on the informal roll were visited less frequently. No provision appears to have been made for continuation of this work after April, 1974 when the two doctors are due to retire. Their help and advice will be greatly missed.

The following small table gives the number of patients under supervision at the end of 1972 :—

	Within the City	*Outwith the City*
Guardianship	189	120
Informal supervision ...	508	83
	697	203

4. *After Care of Psychiatric Patients by Health Visitors* :—Around 1960, when new mental health legislation was being prepared in England and Scotland, a great deal was written and said about the unmet need for after-care of psychiatric patients. Statistics were published to show that

a high proportion of those discharged from hospital received no follow-up care or treatment and relapses were therefore all too frequent. In Glasgow the Health Visitors have met this need albeit inadequately. That the need is still appreciated in certain quarters is proved by a recent meeting in a Glasgow Mental Hospital at which the possibility of sending hospital nurses into the outside community was discussed. Also, requests have been made by psychiatric units for additional Health Visitors, which the Department is unable to meet.

Nine Health Visitors continued this work in 1972. Three of these have decided to continue mental work on a full-time basis in the remodelled health service of 1974, and a fourth is considering doing likewise. This means that some vestiges of this service will continue.

There was a further small reduction in the number receiving care ; from 315 at the end of 1971 to 294 at the end of 1972.

	Male	*Female*	*Both Sexes*
Discharged from Hospital	51	194	245
Referred from Out-Patient Clinics ...	8	41	49
	59	235	294

Female patients outnumber males in a ratio of four to one against five to one in the previous year. The average case load of 32 patients per Health Visitor has remained fairly constant over the years.

There were 248 new referrals (60 men and 188 women) which is only five fewer than in 1971.

A diagnostic classification of the patients in care at the end of the year follows :—

	Male	*Female*	*Both Sexes*
Schizophrenia	24	58	82
Affective Psychosis	11	70	81
Psychoneurosis	9	60	69
Organic States	3	11	14
Geriatric	4	21	25
Addiction	7	9	16
Others	1	6	7
	59	235	294

The trends which appeared in 1971 of an obvious increase in schizophrenic and geriatric patients, have been reversed although schizophrenia still is the largest heading in this rough diagnostic classification. There has been some reversion to after-care for the depression cases and the neurotics which was a feature of the earlier years of the service.

SECTION VIII

BLIND PERSONS

In 1972, in the area of the Joint Committee for the Blind for Glasgow and South-West Scotland, 1,230 persons were examined with a view to the certification of blindness. Of these, 748 (60·8 per cent) were examined for the first time and 307 (24·9 per cent) were examined at home.

Of the 748 examined for the first time, 461 (61·6 per cent) were certified blind and 206 (27·5 per cent) were certified partially sighted, 81 (10·2 per cent) falling into neither category.

The age and sex distributions of persons certified blind, either initially or on re-examination, and of persons certified partially sighted initially are shown in Table I.

TABLE I

Age and Sex Distributions of Persons Certified Blind in 1972 *either on Initial Examination or on Re-examination and Certified Partially Sighted on Initial Examination*

Age in Years	Initial Examinations						Re-Examinations		
	Certified Blind			*Certified Partially Sighted*			*Certified Blind*		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0-1 ...	6	3	9	—	1	1	—	—	—
2-4 ...	1	1	2	—	2	2	1	—	1
5-15 ...	7	3	10	2	2	4	3	1	4
16-29 ...	3	5	8	7	4	11	4	4	8
30-39 ...	6	2	8	4	—	4	7	2	9
40-49 ...	7	6	13	—	2	2	2	1	3
50-59 ...	11	16	27	8	7	15	10	10	20
60-69 ...	32	53	85	19	28	47	21	20	41
70 and over...	88	211	299	37	83	120	53	95	148
	161	300	461	77	129	206	101	133	234

Of the 1,230 persons examined, 458 (37·2 per cent) resided in Glasgow. Of the 748 examined for the first time, 292 (39·0 per cent) resided in Glasgow, and of the 482 persons re-examined, 166 (34·4 per cent) resided in Glasgow.

The local authority area distribution of persons examined for the first time is given in Table II.

Table II

Initial Examinations, 1972

Local Authority Distribution

Local Authority	*Certified Blind*			*Certified Partially Sighted*			*Not Certified*		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Glasgow	72	100	172	39	50	89	10	21	31
Airdrie	1	5	6	1	3	4	—	—	—
Coatbridge	1	11	12	4	3	7	2	1	3
Hamilton	4	6	10	4	4	8	1	—	1
Motherwell & Wishaw	3	9	12	3	5	8	1	1	2
Rutherglen	1	4	5	—	3	3	—	—	—
Other Lanarkshire	11	29	40	7	18	25	4	10	14
Greenock	9	9	18	1	2	3	—	—	—
Paisley	6	14	20	2	2	4	—	3	3
Port Glasgow ...	1	1	2	—	1	1	—	—	—
Other Renfrewshire	7	10	17	1	4	5	1	1	2
Dumbarton ...	—	3	3	1	—	1	1	—	1
Clydebank	1	3	4	1	1	2	—	—	—
Other Dunbartonshire	6	8	14	1	3	4	1	1	2
Falkirk	6	3	9	1	2	3	2	—	2
Stirling	1	6	7	2	—	2	—	1	1
Other Stirlingshire	4	8	12	1	4	5	2	3	5
Ayr	4	4	8	—	3	3	—	1	1
Kilmarnock ...	1	9	10	—	5	5	—	2	2
Other Ayrshire ...	13	36	49	2	12	14	3	4	7
Argyll County ...	4	12	16	2	1	3	—	—	—
Bute County ...	2	5	7	—	—	—	—	—	—
Dumfries Burgh ...	1	1	2	3	—	3	—	1	1
East Kilbride ...	2	4	6	1	3	4	1	2	3
	161	300	461	77	129	206	29	52	81

At the request of the examining surgeon, at their own request, or owing to altered circumstances, 482 persons were re-examined during the year. The causes of blindness in the persons examined are shown in Table III.

Table III

Initial Examinations and Re-examinations during 1972

Causes of Blindness

	Initial Examinations	Re-Examinations
Congenital and Undetermined —		
Congenital anomalies	18	14
Abiotrophies, etc	12	9
Myopia	48	38
Glaucoma, primary	69	39
Cataract, primary	60	41
Others	5	2
Toxoplasmosis	1	—
Others	1	—
Infections and Toxic—		
Exogenous : Ophthalmia neonatorum	1	—
Infections of outer coats of eye	2	1
Endogenous : Syphilis, Congenital	1	2
Syphilis, Acquired	2	—
Measles	3	1
Herpes Ophthalmicus	1	—
Others	3	1
Phlyctenular, Strumous	3	2
Chronic Septicaemia	1	2
Others	3	—
Traumatic and Chemical—		
Household accidents	1	1
Self-inflicted	1	—
Assault	2	1
Chemico-toxic	4	4
Systemic Diseases—		
Diabetes	43	16
Nephritis	1	—
Vascular diseases	5	—
Essential hypertension	11	1
Arterio-sclerosis	128	48
Cerebral arterio-sclerosis	8	3
Others	6	2
Intra-cranial neoplasm	3	—
Disseminated sclerosis	1	1
Hydrocephalus	1	—
Others	2	1
Arthritic affections—		
Rheumatoid	1	1
Not Classified	8	3
Category not sufficiently specific	1	—
	461	234

Follow-up Scheme

This scheme deals with those patients examined at the Regional Clinic and considered by the examining surgeons to be likely to benefit

from further treatment. With the co-operation of the Society for the Blind, home teachers enquire and report on the treatment and progress of those patients. When operative or other treatment has been completed the patient is re-examined and any improvement noted, except for those few cases where treatment was recommended for systemic disease and the eye condition was not amenable to treatment.

TABLE IV

Follow-up of Persons considered likely to benefit from Medical or Surgical Treatment or from the Continuation of such Treatment

Blind

	Treatment Carried Out				Treatment Not Carried Out					
	Still Blind	Now Partially Sighted	Now Sighted	Not Yet Re-examined	Dead	Unfit	Unwilling	Others	Follow-up Not Yet Completed	Total
Surgical	7	5	7	2	5	8	53	—	32	119
Medical	—	—	—	—	—	—	—	—	—	—
	7	5	7	2	5	8	53	—	32	119

The group "Unwilling" is comprised mainly of elderly persons who, owing to their advanced age, do not wish to undergo an operation. In the group "Others" are included patients who for medical reasons are not yet ready for operations.

SECTION IX

HOUSING

The total number of municipal houses completed during 1972 was 2,492. The following table shows the rate of completion since 1968 by the Corporation and the Scottish Special Housing Association :—

Year	Direct Labour	Con-tractors	Scottish Special Housing Assoc.	Total Municipal Houses from all Sources
1968	1,802	2,257	440	4,499
1969	1,458	2,492	627	4,577
1970	1,282	1,305	258	2,845
1971	1,000	1,672	72	2,744
1972	1,254	1,238	—	2,492

Rehousing of Tuberculous Families

Table I

Year	Number of Families Recommended	Rehoused
1934/45	3,764	1,484
1946/55	5,459	4,372
1956/65	2,336	2,300
1966	53	34
1967	30	42
1968	36	25
1969	27	14
1970	26	17
1971	18	8
1972	21	10
	11,770	8,306

Table II

Recommendations 1934 to December 1972		11,770
Number of Families Rehoused—		
Rehousing	2,312	
Intermediate	1,975	
Ordinary ... / Super Ordinary }	3,516	
Housing Manager's Houses and Others	180	
Temporary Houses	323	
Recommendations remaining but not yet rehoused :—		
Refused Offers	191	
Did not reply	184	
Gone away —Address unknown	510	
Cancelled	938	
Patient deceased	1,596	
		11,725
Still to be dealt with		45

Table III

Summary of Tuberculous Families Rehoused since 1934

Recommended	1934/62	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	Total
1934/61	7,920	19	5	—	1	—	1	—	—	—	—	7,946
1962 ...	57	30	3	—	—	—	—	—	—	—	—	90
1963 ...	—	29	20	2	—	—	—	—	—	—	—	51
1964 ...	—	—	41	11	—	—	1	—	—	—	—	53
1965 ...	—	—	—	19	17	1	—	—	—	—	—	37
1966 ...	—	—	—	—	16	24	1	1	—	—	—	42
1967 ...	—	—	—	—	—	17	7	—	—	—	—	24
1968 ...	—	—	—	—	—	—	15	9	2	—	—	26
1969 ...	—	—	—	—	—	—	—	4	10	1	—	15
1970 ...	—	—	—	—	—	—	—	—	5	3	3	11
1971 ...	—	—	—	—	—	—	—	—	—	4	3	7
1972 —	—	—	—	—	—	—	—	—	—	—	4	4
	7,977	78	69	32	34	42	25	14	17	8	10	8,306

Secondary Priority Scheme

During 1972, 161 recommendations were made under the scheme.

This figure in no way represents the amount of work involved in investigating and assessing the thousands of applications received by the Department.

Deterioration of Property

During the year, 6,669 dwellings were represented under the 1969 Act by the Medical Officer of Health to the Housing Committee as failing to meet the tolerable standard and requiring demolition. The wastage of houses over the last ten years is shown in the following table :—

Year	Closing Order	Demolition Order	Treatment Area for Demolition	Total
1963/67	5,570	5,975	—	11,545
1968	2,840	3,054	—	5,894
1969	2,918	3,229	57	6,204
1970	1,952	3,360	1,046	6,358
1971	1,723	3,756	695	6,174
1972	2,220	3,907	542	6,669
	17,223	23,281	2,340	42,844

The number of houses condemned by the Master of Works as dangerous in 1972 was 3,758.

SECTION X

THE CITY LABORATORY

During the decade which has now elapsed since the Western Regional Hospital Board assumed full responsibility for its administration and maintenance, the City Laboratory's workload has increased by 70 per cent. Yet, until 1972, its graduate staff establishment had not been enlarged; indeed for most of this ten year period it was slightly smaller than at the beginning, because, of the four graduates in whole-time posts in 1962 one was replaced in 1965 by a successor engaged only on a part-time basis. Certainly, over the years, there have been substantial additions to the technical staff and these, along with the streamlining of various procedures, have made it just possible to contain the ever growing volume of work. But it had long been realised that this could not go on indefinitely and that, sooner or later, the graduate staff would also have to be augmented. Ironically enough the very year in which this was achieved was one in which the hitherto almost continuously rising trend in the number of examinations done seemed to be levelling off, because in 1972 these totalled 206,353, which was 1,237 (0·6 per cent) less than in 1971. But that is not unusual in matters of this kind; remedial action is often unavoidably delayed till long after the need for it has been clearly demonstrated.

Of the staff changes made, the first was a sequel to circumstances unrelated to the City Laboratory itself. It was known that Dr. L. G. Bruce, Director of the Scottish Mycobacteria Reference Laboratory (West) at Mearnskirk Hospital was due to retire in 1973 and, although there had been some tentative discussions on the subject of filling his post (when the time came for him to relinquish it) the question of the status of his eventual successor had not been settled. The reason for the hesitancy was that Dr. Bruce was, of course, the senior consultant bacteriologist to the Victoria Infirmary and its associated group of hospitals (including Mearnskirk Hospital) when he shouldered the task of establishing and developing the Mycobacteria Reference Laboratory as an extra responsibility additional to that of his main appointment. This had undoubtedly made heavy demands on his time and energy. But he had made such a success of the Reference Laboratory that its continuance as a functioning unit had become an indispensable element in the organisation of laboratory facilities not only in the Western

Region, but in wider areas of Scotland. And this, paradoxically, posed the dilemma : here was an essential service, operating smoothly and efficiently, which had nevertheless been created and directed single-handed by Dr. Bruce while burdened with other commitments. Would it require the appointment of a bacteriologist of comparable seniority solely to direct it in the years ahead ? The responsibility attaching to the post was undeniably such as to justify consultant grading. What was uncertain was whether it ought to be a *whole-time* appointment and, if not, would it attract applicants of the desired calibre ?

These questions were still unanswered when Dr. Bruce was inacapacitated by illness in the Spring of 1972 and the probability that a *locum tenens* would be required demanded instant attention. After conferring with the Scottish Home and Health Department, the Western Regional Hospital Board decided that both the immediate need and the long term requirement could best be met by creating a new post for a whole-time consultant bacteriologist to serve on the basis of 5½ sessions per week at the City Laboratory and 5½ at the Mearnskirk laboratory, there at first to assist Dr. Bruce and later, on his retirement, to succeed him as Director of the Scottish Mycobacteria Reference Laboratory (West).

Dr. Matthew Laidlaw, who had considerable previous experience of the bacteriology of mycobacteria and had continued to take a special interest in the subject, was appointed to this new vacancy with effect from October. By the time these pages are written Dr. Bruce who, happily restored to health, had resumed duties in the late Summer, has officially retired and Dr. Laidlaw is now in sole charge of the Mycobacteria Reference Laboratory, where he is entitled to assistance, when required, from his colleagues on the City Laboratory staff, of which he is himself, of course, still a part-time member. He has been succeeded as a whole-time consultant at, and Deputy Director of, the City Laboratory by Dr. Nancy K. Conn, previously on the staff of the Central Microbiological Laboratories, Edinburgh, who took up her new appointment at the end of December.

The other staff change was not a purely internal matter either. Early in the year the Scottish Home and Health Department, on the recommendation of its Standing Advisory Committee on Laboratory Services, requested the Western Regional Hospital Board to establish, at the Glasgow City Laboratory, a new Unit for the serological diagnosis of syphilis by automated techniques. As this was to be a pilot venture, partly intended to appraise the feasibility of setting up a second such Unit elsewhere in Scotland, most likely Edinburgh, the Department also allotted funds to the Board for the purchase of equipment and the

payment, during its first two years in operation, of the salaries of the Unit's staff. A condition of the award was that specimens could be submitted to the new Unit from any laboratory in the Western Region, or even in other regions if and when bacteriologists in charge of these various laboratories should so desire. Extra staff, including a scientific officer (non-medical bacteriologist), were to be recruited to man the Unit. In November this post was filled by the appointment of Mr. David E. Macfarlane, B.Sc.—now Dr. Macfarlane, because he has since been awarded the degree of Ph.D. by the University of Glasgow for a thesis based on research in which he had been engaged at the Glasgow Royal Infirmary Department of Virology, Belvidere Hospital, during the previous three years.

Following these changes the graduate staff establishment is now : two whole-time and one half-time consultants, one part-time medical assistant and two scientific officers, which is just about right for present commitments and those immediately foreseeable, but even if their scope were so greatly to increase as to justify further additions to the staff, it would be difficult to provide them with proper facilities in the accommodation available.

In the meantime the day to day laboratory work proceeded at its accustomed pace. Communicable diseases, however, accounted for an unusually low proportion of the total effort required. In particular the number of investigations relating to salmonellosis and shigellosis fell quite sharply in 1972. Even the incidence of gonorrhoea, which had continually risen for several years, showed signs of abating, although the number of specimens requiring to be examined for gonococci again increased appreciably.

Communicable Diseases—Epidemiological Investigations

Bacterial Infections of the Upper Respiratory Tract.—As in 1971, the number of throat swabs received was low in comparison with recent years ; they totalled 250, and *Strep.pyogenes* was isolated from 78 (31·2 per cent) of them, as compared with 86 (36·6 per cent) of the 235 examined in 1971. The tetracycline-resistance rate of the strains isolated was 35·9 per cent, almost exactly the same as in the previous year, suggesting a levelling off in what had been a worsening trend for the three preceding years. Even so, it calls for a renewal of the plea, so often made before, to eschew "blind" therapy with broad-spectrum antibiotics in the management of patients with sore throats.

Of these 250 throat swabs, 235 (cf. 199 in 1971) were examined also

for *C.diphtheriae*, all with negative results, and 243 for organisms of Vincent's infection which were found in 10 of them (cf. 16 out of 216 in 1971).

Staphylococcal Infections—*Staph.aureus* was isolated from 127 swabs and other specimens, and 102 (80·3 per cent) of the strains were resistant to penicillin. This, compared with the 73·7 per cent penicillin-resistance rate of the 137 similar isolates in 1971, and with the much lower rates (60-65 per cent) in the mid-sixties, is a high figure, bearing in mind that nearly all the patients from whom these organisms were isolated were being treated either at clinics or by their family doctors. The inference is that so-called "hospital staphylococci" are increasingly colonising the general population.

Glandular Fever.—The slide test for heterophile antibodies was performed on 133 specimens, most of which gave negative results, but those which reacted positively, or equivocally, or were from patients with haematological and/or clinical features suggestive of glandular fever (irrespective of the slide test results) were further submitted to the full Paul Bunnell test, the diagnosis being thus confirmed in 24 cases (cf 19 out of 113 specimens similarly examined in 1971).

Brucellosis.—The number of blood samples received for serological tests for brucellosis was 17 (cf 15 in 1971) and, of these, 14 gave entirely negative results when submitted to the four standard tests. Two of the 3 sera with raised titres were from one patient, a farmer in a country district outside Glasgow, who had an acute attack of the disease (the two specimens were collected at different stages of his illness) ; at about the same time it was reported that at least one of his cows was infected with *Br.abortus*, so there was no doubt about the source of his infection. The third positive serum was from a veterinary surgeon who was known to have had an acute attack of the disease a few years ago, and who evidently had a late—and, incidentally, pretty severe—relapse, a reminder of the ability of brucellae to persist, dormantly but with their viability unimpaired, in human tissue cells for quite long periods. Both these patients, therefore, had acquired their infections in the course of their daily work and, although the bovine brucellosis eradication campaign is now gathering momentum, it is regrettably probable that such cases will continue to occur, from time to time, in agricultural communities and among veterinarians for some years yet.

Enteric Fever.—*S.typhi* was isolated from 3 stool specimens during the year, all three from the same individual, a known carrier, and *S.*

paratyphi B from 12 specimens from 7 individuals (because the organism was isolated on four occasions from one of them, and twice from two others). Two of these 7 persons were carriers, so there were 5 new cases. Of these, 4 were members of one family living in the northern division of the City, another (child) member of which, after admission to hospital for investigation of "pyrexia of unknown origin", had developed diarrhoea and had been diagnosed as a case of paratyphoid fever. The infecting organism was *S.paratyphi B*, phage type 3b ; there were no other related cases and the source of this family's infection was not discovered.

The fifth new isolate of *S.paratyphi B* was a 3a phage type, and it came to light during investigations on a foreign ship strikebound on the Clyde, following the isolation of the same organism from a blood culture taken from one of the crew members admitted, with a pyrexial illness, to a Glasgow hospital. Stool samples from the rest of the crew and others aboard the ship were brought to the laboratory and, although a variety of other pathogens were isolated from several of them, only this one individual was found to be excreting *S.paratyphi B* (and, incidentally *S.virchow* also). Further reference to this incident appears in the succeeding section entitled "Food poisoning due to other salmonellae".

The number of sera received for Widal tests increased to 457 (cf. 152 in 1971), 411 of them (cf. 130 in 1971) from Water Board employees. These tests, as explained in previous Annual Reports, are performed in the course of routine medical screening of maintenance staff. Most of them give straightforward negative results but, as usual, there was a minority with significantly raised antibody titres. However, after repeating the tests, sometimes twice or thrice over a period, and examining several stool and urine specimens from the individuals concerned, the possibility that any of them were unsuspecting "enteric carriers" was eliminated and the (usually transient) rises in antibody titres confidently attributed to previous TAB inoculations, in some cases recently re-administered, in others anamnestically reinforced by a non-specific intercurrent infection. The remaining 46 sera, submitted from patients, the nature of whose illnesses made it necessary to exclude the possibility of enteric fever, all gave negative results.

Food poisoning due to other salmonellae.—Salmonellae, other than *S.typhi* and *S.paratyphi B*, were isolated from 136 out of 5,802 stool specimens examined but, as 71 of these were reisolations, there were only 65 new isolates and, as 3 individuals were found to be excreting more than one serotype, there were only 62 new cases.* In 1971 the

figures were considerably higher—228 isolations from 12,226 specimens and 91 new cases. The various serotypes isolated in 1972 and the previous eleven years are shown in the table :—

* For the sake of simplicity the term "cases", includes symptomless excreters, as well as those who had an active infection.

	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961
S.typhimurium	28	51	35	53	403	17	24	44	68	35	52	70
S.typhimurium var.copenhagen	—	—	—	3	5	1	—	—	—	—	—	—
S.enteritidis	11	8	10	—	1	3	6	—	1	4	—	—
S.enteritidis var.jena	—	—	—	—	—	—	—	6	—	—	—	15
S.newport	1	—	1	—	7	—	—	—	—	—	—	—
S.thompson	—	1	1	—	—	—	—	—	—	—	—	—
S.saintpaul	—	—	—	—	—	—	—	—	1	—	—	—
S.montevideo	—	—	2	4	4	—	—	—	—	—	—	—
S.bovis morbificans	—	—	—	1	—	—	—	—	2	1	1	—
S.senftenberg	1	3	—	7	—	—	—	—	—	—	—	—
S bredeney	3	5	3	—	10	7	—	—	—	—	1	—
S.stanleyville	—	—	—	3	—	—	—	—	—	—	4	1
S.stanley	—	—	—	—	—	—	6	—	—	—	28	—
S.anatum	—	1	—	1	—	7	2	2	3	3	—	—
S.cholerae suis var. Kunzendorf	—	—	—	—	—	—	—	—	—	2	—	—
S.derby	—	—	2	—	1	—	—	—	—	—	—	3
S.heidelberg	—	—	4	3	—	—	4	—	—	—	1	1
S.oranienberg	—	1	—	—	—	—	—	—	—	—	—	—
S.cubana	—	—	—	—	1	—	—	—	—	—	1	—
S.panama	2	2	—	6	6	—	1	—	2	—	—	—
S.dublin	1	1	1	6	—	1	3	2	—	—	—	—
S.hvittingfoss	—	—	—	—	—	—	—	—	—	—	—	2
S.infantis	—	5	1	—	2	—	22	2	10	3	2	2
S.bareilly	—	—	—	—	—	—	—	—	—	—	1	—
S.ibadan	—	—	—	—	—	—	—	—	—	1	—	—
S.blockley	1	—	—	—	—	—	—	—	—	1	—	—
S.essen	—	—	—	—	—	—	—	—	—	1	—	—
S.chester	—	—	—	—	—	—	—	—	1	—	—	—
S.london	—	—	—	—	—	—	—	—	1	—	—	—
S.congo	—	—	—	—	—	—	—	—	14	—	—	—
S.livingstone	—	—	—	—	2	—	—	1	—	—	—	—
S.budapest	—	—	—	—	—	—	6	1	—	—	—	—
S.decatur	—	—	—	—	—	—	—	1	—	—	—	—
S.reading	1	—	—	—	20	6	—	—	—	—	—	—
S.haifa	—	—	—	—	—	1	—	—	—	—	—	—
S.ealing	—	—	—	—	—	1	—	—	—	—	—	—
S.abony	—	—	—	—	2	—	—	—	—	—	—	—
S.virchow	2	1	—	—	2	—	—	—	—	—	—	—
S.havana	1	—	—	2	—	—	—	—	—	—	—	—
S.duisburg	—	—	—	1	—	—	—	—	—	—	—	—
S.agona	8	—	—	1	—	—	—	—	—	—	—	—
S.ohio	—	2	1	—	—	—	—	—	—	—	—	—
S.durham	—	—	1	—	—	—	—	—	—	—	—	—
Carry forward	60	81	62	91	466	44	74	59	103	51	91	94

	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960
Brought forward	60	81	62	91	466	44	74	59	103	51	91	94
S.4,12:d	3	—	2	4	—	—	—	—	—	—	—	—
Unidentifiable serotypes	—	—	—	—	1	—	—	—	—	—	—	2
S.braenderup	—	1	—	—	—	—	—	—	—	—	—	—
S.gaminara	—	1	—	—	—	—	—	—	—	—	—	—
S.fulica	—	1	—	—	—	—	—	—	—	—	—	—
S.binza	—	7	—	—	—	—	—	—	—	—	—	—
S.richmond	1	—	—	—	—	—	—	—	—	—	—	—
S.goverdham	1	—	—	—	—	—	—	—	—	—	—	—
	65	91	64	95	467	44	74	59	103	51	91	96

S.goverdham, which was isolated from one solitary case, and *S.richmond* from another, were the only serotypes which had never previously been isolated from patients' specimens at this Laboratory. *S.typhimurium*, as usual, predominated, and there were several different phage types of it, among them U65, which was isolated from two cases. This was the organism which caused a large outbreak of food poisoning traced to an Edinburgh restaurant in the late Summer and another, even larger, milk-borne outbreak in Penicuik, Midlothian, towards the end of the year. It was therefore no surprise to discover that one of these two cases had dined at the same Edinburgh restaurant and that the other was a visitor to Glasgow from Penicuik. *S.typhimurium* phage type U189 was isolated from a seaman and six of his contacts. Otherwise there were no notable "clusters" of cases and even *S.typhimurium* phage type U129—the type so commonly encountered in Spain—was isolated from only one case, who had indeed been on holiday in Majorca.

The most revealing results, however, were those obtained during the investigations aboard the ship referred to in the previous section. After the crew member had been diagnosed as a case of paratyphoid fever, stool specimens were requested from those, including the family of one of the officers, who had been in contact with him on the ship. Because of language difficulties it is not known for certain how many complied ; but, of those who did, no less than seven were found to be excreting various bowel pathogens, 4 of them infected with more than one organism and one with as many as three salmonella serotypes. The findings were :—

Contact No.	Pathogens Isolated
1	*S.paratypyi B* and *S.virchow*
2	*S.agona*, *S.enteritidis* and *S.typyimurium*
3	*S.agona*
4	*Salmonella* 4,12: *d*,- and *Sh.flexneri* 2*a*
5	*S.typhimurium*
6	*S.enteritidis* and *Salmonella* 4,12: *d*,-
7	*Sh.flexneri* 2*a*

Clearly this luckless ship was a veritable Pandora's box of enteropathogens!

So much for the Glasgow cases. In addition to them, *S.typhimurium* was isolated on 11 occasions from 2 cases, and *S.enteritidis* once from a previously diagnosed case, all three of them Stirlingshire residents.

Food poisoning due to other organisms.—In sharp contrast to the previous year, no considerable outbreaks of food poisoning, which could be convincingly demonstrated as having been caused by *Cl.welchii*, occurred in 1972. There were, however, a number of small incidents with clinical and epidemiological features suggestive of a clostridial aetiology and, in connection with these, heat-resistant strains of *Cl. welchii* were isolated from 83 stool specimens (cf. 159 in 1971). Nor were there any outbreaks of staphylococcal food poisoning, and *Staph. aureus* was not isolated from a single stool specimen (cf. 5 in 1971).

Foodstuffs (or food "utensils") suspected of having caused (or conveyed) Food Poisoning.—*Cl.welchii* was isolated from 11, and *Staph. aureus* from 4, out of 90 of these specimens (cf. 10 and 3 respectively from 82 in 1971) but, as already hinted, their significance in relation to the various small incidents mentioned in the last paragraph was seldom very clear.

Dysentery.—It will be recalled that, after a welcome recession in the previous year, the incidence of bacillary dysentery in 1971 had climbed back to about the average for the past decade. In the year now under review it fell again, though not quite to the low level of 1970. The figures for 1972, with those for 1971 in brackets, were :

	Specimens	*No. Positive*	*% Positive*
From cases, suspected cases and contacts	7,657 (14,197)	573 (1,044)	14·8 (15·8)
From repeat specimens for clearance ...		567 (1,203)	

In 73·8 per cent of the cases and contacts *Sh.sonnei* was the infecting organism, and in the remaining 26·2 per cent various serotypes of *Sh.flexneri* (cf 81·5 per cent and 18·5 per cent respectively in 1971). The table summarises the post-war record of shigella isolates at this Laboratory, and illustrates yet again the stubborn persistence in Glasgow of *Sh.flexneri* serotypes which, by and large, tend to cause rather more troublesome clinical symptoms than *Sh.sonnei*.

Year	Number of (new) isolates *Sh.sonnei*	*Sh.flexneri*	Totals		Flexner/Sonne Ratio*
1946	111	158	269		1·42
1947	66	39	105		0·59
1948	434	386	820		0·89
1949	501	374	876	(including 1 *Sh.schmitzii*)	0·75
1950	1,865	105	1,970		0·06
1951	949	40	989		0·04
1952	1,779	14	1,793		<0·01
1953	1,694	272	1,966		0·16
1954	2,524	1,754	4,278		0·69
1955	2,763	1,484	4,247		0·54
1956	2,388	309	2,697		0·13
1957	1,830	190	2,020		0·10
1958	1,556	273	1,829		0·17
1959	1,805	621	2,427	(including 1 *Sh.boydii*)	0·34
1960	864	1,421	2,285		1·64
1961	1,153	512	1,665		0·44
1962	1,385	186	1,571		0·13
1963	923	145	1,068		0·16
1964	1,110	250	1,360		0·23
1965	776	354	1,130		0·46
1966	811	293	1,104		0·36
1967	471	440	911		0·93
1968	767	183	950		0·24
1969	844	307	1,151		0·36
1970	300	166	466		0·55
1971	851	193	1,044		0·23
1972	384	189	573		0·49

* The denominator, which is unity throughout, has been omitted ; thus 1·42 should be read as 1·42/1, 0·59 as 0·59/1, etc.

In addition to the above, 25 specimens from individuals residing outwith the City boundary, in Stirlingshire, were examined for shigellae but, as in 1971 when 36 of these were received, none was found positive.

Amoebic Dysentery.—E.histolytica was not found in any of the 28 stool specimens examined for this amoeba or its cysts (cf. the 39 specimens examined, also with uniformly negative results, in 1971).

Syphilis.—The number of blood specimens received for serological tests for syphilis increased to 19,259 (cf. 18,276 in 1971) but—partly because there were fewer antenatal specimens (4,000 as compared with 5,030 in 1971)—the number of sera submitted for purely "screening" purposes decreased to 12,138 (cf. 12,627 in 1971). The number of those requiring a larger range of tests correspondingly increased to 7,121 (cf. 5,649 in 1971), not counting 202 other sera (cf. 338 in 1971) which had yielded positive or equivocal results on screening ; and the FTA-ABS test was performed on 554 sera, 128 of which were repeat specimens (cf. 603, with 101 repeat specimens in 1971).

The final tally of all these tests was 46,799, an increase of 3,584 on the 1971 total. It was with figures like these in mind that the decision was taken to establish the Automated Serology Unit already mentioned in the introductory paragraphs of this Report. This new unit was duly equipped and manned by the end of the year but exhaustive trials had to be conducted before it could be brought into operational use.

Of the 4,000 antenatal sera, 32 (14 of them repeat specimens) reacted positively in one or other of the tests, giving a "crude positive rate" of 0·47 per cent but, on retesting by the more specific Reiter protein CF and the FTA-ABS tests, most of these were eliminated as Biologic False Positive reactions, so that the "true positive rate" was only 0·1 per cent, this being near the average in recent years. Among the remaining 15,259 sera there were, of course, many more which gave positive reactions, but it would be pointless to quote the figures without considering each case individually, and this would obviously be neither permissible nor practicable.

Colloidal gold tests, along with serological tests for syphilis, were performed on only 36 specimens of cerebrospinal fluid in 1972 (cf. 43 in 1971).

Gonococcal Infections.—There was a further increase, to 22,426, in the number of (mostly genital) swabs received for the diagnosis of gonorrhoea, and *N.gonorrhoeae* was isolated from 1,886 of them but, because some of them were from repeat specimens and others concurrent isolates (from different sites) from some individuals, these represented only 1,428 new cases, 242 fewer than in the previous year. (The actual figures for 1971 were 18,908 swabs, 1,962 isolates and 1,670 cases.) So the incidence of this disease, which had been steadily rising for the previous three years, fell somewhat in 1972, but it is too early yet to conclude that this was the beginning of a downward trend.

The number of sera on which the gonococcal CF test was performed rose slightly, to 180, but only 11 of them reacted positively (cf. 173 with 13 positives in 1971).

Trichomoniasis.—Although as many as 32,791 swabs were examined microscopically and by cultural methods for *T.vaginalis* it was found in only 704 of them and, as some of these were repeat specimens and/or "double isolates", the number of actual patients diagnosed was 485 (3·0 per cent) of 16,144 examined. This was an even lower positive rate than that recorded in 1971 when the protozoon was found in 882 of

the 23,830 swabs examined, and in 441 (3·2 per cent) of the 13,614 patients from whom they were obtained. That this infection is more prevalent than would appear from these figures cannot be doubted, and, as stated in previous annual reports, the chief reason for such a low yield of positives is, very simply, that too many specimens are too long delayed on their way to the Laboratory.

Candidosis—Although *Candida albicans* (or other *Candida spp.*) have always been isolated from many of these swabs in the past, no mention has been made of this in previous annual reports, but, because the incidence of vaginal candidosis (or candidiasis) seems to be increasing, it is relevant to add that *Candida albicans* was isolated from 1,692 of the 32,791 swabs, and from 1,243 of the patients referred to in the last paragraph.

Eye Infections in Infancy.—No gonococci were isolated from any of the 166 conjunctival swabs examined (cf. 1 positive from 147 in 1971). In recent years, happily, gonococcal ophthalmia has been of rare occurrence, but of course, many of these swabs yielded growths of other pathogens which cause "sticky eyes" in infancy.

Tuberculosis.—M.tuberculosis was isolated from 4 of the 155 sputum specimens examined and, as two of these were repeat specimens, only 2 sputum positive cases were diagnosed. The figures were very similar in 1971, when 164 sputa were examined and 4 of them, from 2 cases, were found to be positive. The 291 other (mostly urine) specimens cultured for tubercle bacilli proved negative. The 2 pulmonary cases were thus the only patients diagnosed as suffering from tuberculosis during the year, whereas in 1971 *M.tuberculosis* had been isolated from 9 patients in all.

CLINICAL PATHOLOGY

Urine examinations. The number of urine specimens received for diagnostic tests for pregnancy decreased to 11,533 (cf. 14,335 in 1971) but, because some required confirmatory tests, a total of 13,160 of these tests were performed. Those submitted for bacteriological examination, however, increased to 12,777 (cf. 10,711 in 1971).

Haematology. The number of blood samples submitted for grouping again fell, to 4,447 (cf. 5,462 in 1971), the reason for this continuing decrease being that most of these are from pregnant women and, of

course, the birth rate in Glasgow has been falling in recent years. Thus there were only 4,000 antenatal specimens in 1972 (cf. 5,030 in 1971), 1,708 of them from clinics and 2,292 from general practitioners ; 319 of the former and 539 of the latter, i.e. 21·4 per cent of the total, were Rhesus (D) negative (cf. 20·8 per cent in 1971). Screening tests for irregular blood group antibodies were performed on 4,412 sera, and 161 of them gave presumptive positive results ; 155 of these were referred to the Regional Blood Transfusion Centre, where definitive Rhesus antibodies were demonstrated in 19 and non-specific antibodies involving the ABO system in 9 more. The remaining 6 screen-positive sera were of insufficient volume for referral, and the repeat specimens asked for were not in fact obtained.

Miscellaneous investigations.—These, amounting to about 20,000 investigations, embraced Rose-Waaler Tests, estimations of ASO titres, antibiotic sensitivity tests, tests of urines for abnormal constituents, and faeces for occult blood, etc. The volume of work in this category does not vary significantly from year to year. Under this heading also were included the examination of 35 stool specimens, and/or perianal swabs for helminths or their ova (cf. 12 in 1971) ; *Ascaris lumbricoides* (roundworm) was found in 1, *Taenia saginata* (beef tapeworm) in 2, and *Oxyuris vermicularis* (threadworms) in 4.

.One other rather unusual specimen was a tick found (live) in a little boy's hair six days after he had injured his scalp while on a holiday weekend in the North of Scotland. He had sustained the wound when he knocked his head against a dining-room table. He was not staying on a farm, nor had he visited one, and there were no animals in the house. It was therefore difficult to understand where he had acquired the tick but, on further inquiry, it was discovered that, while driving back to Glasgow later that day the family had stopped at a layby on a mountain road and the boy and another child had wandered off on a prank which ended in a rough and tumble on the grass among the heather. This is where he must have picked up the tick which would have found a ready source of nutrition in the extravasated blood around the scalp wound. It was at first thought to be *Ixodes ricinus*, a parasite of sheep (among other animals), but an expert entomologist later identified it as one of the related species, *Ixodes hexagonus*, which infects hedgehogs, dogs and cattle, and was therefore, just as likely to be encountered in the vegetation near the layby. Needless to say, it caused the boy no harm and his wound healed "by first intention".

PUBLIC HEALTH—GENERAL CONTROL

Milk Supply. Bacterial Content.—Examination of the 1,595 milk samples received (cf. 1,559 in 1971) showed that, while the improvement in the quality of pasteurised milk samples noted in 1971 was maintained, this was not true of the raw milk samples—in fact their quality deteriorated to levels near those recorded in 1969. The results were as follows :—

	Number of Samples	No. complying with standards	Percentage complying in 1972	Percentage complying in 1971
Hospital Supplies—				
Raw Milk { Premium Milk ...	0	—	—	—
Raw Milk { Standard Milk ...	0	—	—	—
Pasteurised Milk	258	229	88·7	87·5
Public Supplies—				
Raw Milk { Premium Milk ...	79	55	69·6	80·9
Raw Milk { Standard Milk ...	68	54	79·4	91·5
Pasteurised Milk	750	699	93·2	91·5
Ultra heat-treated Milk ...	68	66	97·0	100
Raw Ordinary Milk ...	0	—	—	—
School Supplies—				
Pasteurised Milk	84	80	95·2	97·6
Milk from Dispensing Machines—				
Pasteurised Milk	106	77	72·6	64·5
Miscellaneous	182	—	—	—

The samples of pasteurised milk from vending machines likewise showed an improvement on the 1971 figures, when 78 of the 121 samples tested complied with the standards. The results for 1972 were :—

Plate count per ml.	Number of samples complying with the Pasteurised standard*	Number of samples not complying with the Pasteurised standard*	Total
0 – 10,000 ...	50	1	51
10,000 – 50,000 ...	24	4	28
50,000 – 200,000 ...	2	6	8
200,000 – 1,000,000 ...	1	7	8
Over 1,000,000 ...	0	11	11
Total	77	29	106

*Absence of coliforms from 1/100ml.

The number of milk samples similarly examined at the request of the County Health Department, Argyll, was 685 (cf. 812 in 1971).

Examination of Milk for M.tuberculosis.—Guinea-pig inoculation tests for mycobacteria in milk were requested on 27 occasions, 19 of the samples having been collected in Glasgow and 8 in other local authority areas (cf. 18 and 3 respectively in 1971). All the results were negative, as they have been now for very many years.

Examination of Milk for evidence of Br.abortus infection.—Of the 828 samples received for the Milk Ring Test (MRT), 37 (4·4 per cent) reacted positively. This compared very favourably with the 10·4 per cent positive rate given by the 979 samples examined in 1971, a pointer perhaps to the growing success of the brucellosis eradication campaign referred to in a previous section of this report. The detailed results are presented in the following table :—

Sources of Samples	Total No. of Samples	MRT Positive Samples	Whey Agglutination Test No. of Samples	Whey Agglutination Test No. + to a Titre ⩾ 10
Glasgow	196	19	18	10
Argyll	584	8	2	0
Clydebank	7	1	1	0
Wigtownshire and Dumfriesshire ...	41	9	9	7
Totals... ...	828	37	30	17

Br.abortus was isolated on culture from 12 of the MRT positive samples, 9 of them Glasgow samples, 1 from Clydebank and 2 from Wigtownshire and Dumfriesshire. Two more of the Wigtownshire and Dumfriesshire MRT positive samples, though negative on culture, stimulated the production of brucella antibodies when inoculated into guinea-pigs, the titres of agglutinins in the animals' sera rising to 1,280 in one case and 640 in the other.

Examination of Milk Bottles, Dairy Equipment, etc.—There was a more than fourfold increase in the number of washed milk bottles submitted for bacteriological examination. Of the 174 bottles examined, 141 (81 per cent) complied with the standards (cf 88·8 per cent of the 36 examined in 1971). Better results were obtained from the examination of 54 "rinse samples" from milk cans; 51 (94·4 per cent) were found satisfactory (cf. 95·7 per cent of the 47 examined in 1971). Additionally, 34 swabs and rinses of various items of dairy equipment were examined.

Similar samples examined for the County Health Departments of Argyll and Bute totalled 25 (cf. 49 in 1971).

Cream.—The improvement noted in the quality of cream samples during the previous three years was not maintained in 1972 when 477 of them were examined (cf. 300 in 1971). Here are the detailed results :—

Bacterial count per gram	No. of Samples	Percentage 1972	Percentage 1971
0 - 50,000 ...	375	78·5	86·0
50,000 - 200,000 ...	20	4·2	6·6
200,000 - 1,000,000 ...	24	5·0	4·6
Over 1,000,000	58	12·2	2·6
Coliform bacilli in 1/100 g.	61	12·8	9·6

Ice-Cream.—The deterioration, observed last year, in the quality of ice-cream samples continued in 1972 when 279 of them were examined (cf. 302 in 1971). The findings were :—

Bacterial count per gram	No. of Samples	Percentage 1972	Percentage 1971
0 - 50,000 ...	217	77·7	78·5
50,000 - 200,000 ...	30	10·7	10·9
200,000 - 1,000,000 ...	17	6·1	8·3
Over 1,000,000	15	5·4	2·3
Coliform bacilli in 1/100 g.	85	30·5	21·5
Samples conforming to provisional standard of a plate count of no more than 50,000 per g. and coliform bacilli absent from 1/100 g.	174	62·4	65·5

Imitation Cream.—Samples of imitation cream, of which there were 42, likewise gave poorer results than the 52 examined in 1971. The 1972 results were :—

Bacterial count per gram	No. of Samples	Percentage 1972	Percentage 1971
0 - 50,000 ...	27	64·3	94·2
50,000 - 200,000 ...	8	19·0	1·9
200,000 - 1,000,000 ...	4	9·5	3·8
Over 1,000,000	3	7·1	0
Coliform bacilli in 1/100 g.	12	28·5	9·6

Thus the results of the examinations of none of these three products, cream, artificial cream and ice-cream, can be viewed with any degree of complacency ; on the contrary, they indicate the need for continued vigilance for the protection of consumers.

Bottles other than Milk Bottles.—Of the 55 washed beer and soft drinks bottles tested for bacteriological cleanliness, 45 (81·8 per cent) complied with the standards. These results were less satisfactory than those obtained in 1971, when the corresponding figures were 91·5 per cent of 94 bottles examined.

Public Water Supplies.—The number of water samples examined again increased slightly. Their sources, with the corresponding figures for 1971, were :—

Sources of Samples	*Numbers of samples in* 1972	1971
Reservoirs, mains, taps etc.	1,975	1,910
Ships' tanks and Dock stand-pipes ...	35	43
Miscellaneous samples submitted by the Clyde River Purification Board ...	151	148
Other miscellaneous samples	62	51
Totals	2,223	2,152

Of the 1,975 samples in the first category in the table, 1,314 were routine samples of chlorinated water from the Loch Katrine and Gorbals supplies, the results for which were :—

Supply	No. of Samples	Average bacterial count per ml. at 37°C/24hrs.	Average bacterial count per ml. at 22°C/72hrs.	Most Probable Number in 100 ml. Coliform bacilli 0	1	3	5 or more	Typical ("faecal") *Esch.coli* 0	1	3	5 or more
Loch Katrine	999	1·5	38	950	40	2	7	985	10	1	3
Gorbals	315	15·8	18·5	311	4	0	0	314	1	0	0

These are even better results than those recorded last year and show that the bacteriological quality of the water supply in Glasgow is generally very good indeed.

Swimming Baths.—There was a further increase, to 676, in the number of these samples (cf. 537 in 1971). The results were :—

Source	No. of Samples	No. with a Bacterial Count of 10 or more per ml. at 37°C/24 hrs	No. containing Coliform bacilli in 100 ml.	MPN in 100 ml. Coliform bacilli	Typical ("faecal") *Esch. coli.*
Public Ponds ...	220	3	2	1 3	1 (1 sample) 1 (1 „)
School Ponds ...	380	21	2	1 8	0 (1 sample) 0 (1 „)
Private ponds ...	76	1	1	1	0 (1 sample)

Apart from a very slight rise, to 5·5 per cent from just under 5 per cent, in the proportion of school pond samples giving unacceptable bacterial counts, these figures show an overall improvement on the 1971 results. Thus the proportion of *all* samples yielding unsatisfactory counts actually fell, from 4·2 per cent in 1971, to 3·7 per cent in 1972, and there was an even more striking fall, from 3·9 per cent in 1971, to 0·7 per cent in the proportion of samples which failed the coliform test.

Foodstuffs (fitness for consumption) and other related miscellaneous samples.—Rather fewer of these were received than in the previous year; their sources, with the corresponding figures for 1971 in brackets, were :

Corporation Chief Veterinary Officer... ...	1,603	(1,868)
City Food Inspector	214	(327)
Port Health Inspector	113	(134)
Totals	1,930	(2,329)

The facts and figures relating to the samples sent by the Chief Veterinary Officer were :—

Nature of Samples	Sources of Samples	No. of Samples	No. of Samples from which salmonellae were isolated
Boneless beef	Australia	562	4*
	France	440	0
	New Zealand	113	0
	Argentine	35	0
	Brazil	25	0
	South Africa	22	1†
Boneless mutton	Australia	151	4‡
Drain Swabs	Corporation Abattoir	255	24**

*3 isolates of *S.typhimurium* and 1 of *S.chester*
†1 isolate of *S.anatum*
‡4 isolates of *S.derby*

**The following serotypes were isolated from the drain swabs :—

S.agona	from 9 swabs
S.*typhimurium*	from 4 swabs
S.agona and *S.typhimurium* (together)	from 2 swabs
S.anatum	from 3 swabs
S.brandenberg	from 2 swabs
S.heidelberg	from 2 swabs
S.havana	from 1 swab
Salmonella 4,12: d,-	from 1 swab
a total of 26 isolates	from 24 swabs

The most notable feature here is that *S.agona* outnumbered *S.typhimurium* by 11 to 6 among the isolates from the abattoir drain swabs. *S.agona* has been making its presence felt more and more in both Britain and the USA in the last two or three years, and in England and Wales it was the second most frequently isolated serotype (after *S.typhimurium*) in 1972. But, as indicated in an earlier section of this report, its impact on the incidence of *human* salmonellosis has not (yet?) been observed in Glasgow—or indeed elsewhere in Scotland.

The 327 samples submitted by the Port Health and City Food Inspectors covered a wider variety of foods and food ingredients. There were 47 samples (a steadily dwindling number this each year now) of desiccated coconut and, again, no salmonellae were found in any of them. Not so the samples of imported egg products (mostly albumin in various forms) ; salmonellae were isolated from 11 out of 31 of these. The isolates were : *S.thompson* from 3 samples, *S.saintpaul* from 3, *S. thompson* and *S.saintpaul* from 2, *S.thompson* and *S.bracnderup* from 2, and *S.saintpaul* and *S.bracnderup* from 1. This was in sharp contrast to the record for recent years, because all samples of these products examined at this Laboratory from 1968 to 1971 had been reported negative.

Prompted by reports from other areas of cases of salmonellosis associated with turtles or terrapins, samples of water from tanks in

which these animals are kept in pet shops were brought for examination and, in fact, salmonellae were isolated from 6 of the 11 samples so examined. The serotypes isolated were : *S.thompson* from 2 samples, *S.urbana*, *S.newport*. *S.poona* and *S.mikawasima* from 1 sample each, and *S.newport* together with *S.java* phage type Worksop from the sixth.

A watchful eye has to be kept on shellfish also, and 26 samples of these were received (cf. 19 in 1971), 7 of them submitted on behalf of the Bute Health Department (cf. 10 in 1971). The results of these examinations, which compared unfavourably with those recorded in 1971, were :—

Species		*No. of samples*	*Grade**
Glasgow samples	Whelks	7	1
	Whelks	1	3
	Mussels	2	1
	Mussels	1	3
	Crayfish	1	1
	Crayfish	1	2
	Shrimps	1	1
	Scallops	2	1
	Scallops	1	2
	Scallops	1	3
	Frozen scallops	1	1
Bute samples	Whelks	3	1
	Clams	3	1
	Prawns	1	1

*Grade 1—satisfactory ; Grade 2—suspicious ; Grade 3—unsatisfactory

Other Investigations and Services for the Health Department, Port Health Authority, etc.—Only 23 samples of animal feeding-stuffs and/or their ingredients were received for examination for salmonellae, all with negative results (cf. 1 positive out of 36 similar samples in 1971). The paucity of these samples is rather surprising in view of the concern often expressed about the role of these products in the spread of salmonellosis. *B.anthracis*, which had been isolated from 10 out of 68 samples of imported materials in 1971, was found in only 4 of the following 72 samples examined in 1972 :—

Bones, bone grist, etc.	36*	(4 positive)
Wool	10	
Goatskins	15	
Sheepskin	1	
Animal hair (various species) ...	7	
Dried blood, Blood meal	3	
	72	(4 positive)

*Four of these, including 3 of the positive samples, were from Renfrewshire ; so also was the sheepskin sample.

Additionally, 4 samples of soil from a farm in Argyll were examined for the anthrax bacillus, but with negative results.

Pasteurella pestis was looked for in 44 rats (cf. 45 in 1971) caught in ships' holds or on the docks, but it proved a vain search, as indeed it has for very many years.

The last of these miscellaneous services that need be mentioned is the reconstitution and issue of yellow fever vaccine, which is stored at the Laboratory. In 1972 2,790 doses of this were required (cf. 3,470 in 1971).

In these many and varied endeavours the keynote has been close teamwork in which all sections of the staff, not forgetting the office staff and the laboratory aides, have continued to play their part, and their loyalty and support is gratefully acknowledged. The Laboratory is particularly well served by its technical staff, whose senior members can always be relied upon, not only to perform their own manifold tasks with the skill expected of them, but also to find time to instruct their junior colleagues. They, in turn make an indispensable contribution to the total effort but, while doing so, benefit from the training they receive—and, of course, from their attendance at day-release classes. This educational role of the Laboratory is no less important than its other functions recorded in these pages.

T. F. ELIAS-JONES,

Director.

Publications, Reports, etc.

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(An account of a *Salmonella bredeney* food poisoning incident.)
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"Abattoir Drain Swabbing"
Nisbet, B. R., Brodie, J. and Elias-Jones, T. F. (1972), ibid., CDS 72/28.

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Elias-Jones, T. F. (1972), ibid., 72/37.

"A review of 6,500 Strains of *Neisseria gonorrhoeae* isolated in Glasgow in the last five years."

Laidlaw, M. (1972), in "Proceedings of the Symposium on Modern trends in Microbiology", sponsored by Becton, Dickinson U.K. Ltd.

TOTAL OF EXAMINATIONS FOR YEAR 1972

City of Glasgow

Infectious Diseases

		Positive	*Total*
Diphtheria and General Throat Infections			
Diphtheria	Suspects	0	235
Streptococcal Infections	Suspects and control	78	250
Vincent's Infections	Suspects and Control	10	243
Staphylococcal Infections	Suspects and Control	127	127
Gastro-Intestinal Infections			
Enteric Fever (Typhoid and Paratyphoid)	Suspects and Control	15	535
	Miscellaneous swabs	0	22
	Water Works Employees	0	1,212
Food Poisoning (Salmonellosis)	Suspects and Control	136	5,802
	Foodstuffs	0	90
	Miscellaneous swabs	0	58
	Abattoir drain swabs	24	255
(Staphylococcal)	Suspects and Control	0	183
	Foodstuffs	4	90
	Miscellaneous swabs	0	47
(Clostridial)	Suspects and Control	83	206
	Foodstuffs	11	90
	Miscellaneous swabs	5	47
Dysentery— Bacillary	Suspects and Control	1,140	7,657
	Colicine typing of *Sh.sonnei*	—	923
Amoebic		0	28
Giardiasis, etc.		1	5
Specific *Esch.coli*		23	653
Cholera		0	2
Tuberculosis	Sputa	4	155
	Other specimens (micros. exam.)	1	294
	Various specimens (culture)	4	446
	Carry forward		19,655

		Brought forward ...		19,655
Venereal Diseases ...		Serological Tests for Syphilis (W.R., etc.)	—	46,799
		Lange's Colloidal Gold Test	—	36
		Gonococcal Complement Fixation Test	11	180
		Smears and cultures of Urethral and Cervical exudates for *N.gonorrhoeae*	1,886	22,426
		Ophthalmic neonatorum (smears and cultures) ...	0	166
OTHER EXAMINATIONS—				
Blood—Rh factor				4,447
Blood—ABO grouping				4,447
Blood group Antibody Tests				4,412
Blood—general haematology, cell counts, haemoglobin, etc.				17,490
Blood—cultures, Paul Bunnell tests, etc.				361
Urines, etc.				22,801
Exudates—various				280
Faeces for worms			7	35
Faeces for occult blood			4	19
Swabs for Trichomoniasis			704	32,791
Pregnancy Tests				13,160
Antibiotic sensitivity tests				7,739
Miscellaneous				10
Identification of insects				2
GENERAL PUBLIC HEALTH—				
City Milk Supplies (plate count and coliforms)				1,337
City Milk Supplies (*Br.abortus*)				196
Hospital Milk Supplies (plate count and coliforms) ...				258
Milk (biological tests)				19
Miscellaneous swabs and rinses				34
Milk Bottles (bacterial counts)				174
Swabs from milk cans				54
Ice Cream				279
Foodstuffs—fitness for consumption—				
Imitation cream, cream, etc.				519
Miscellaneous foods, dried egg, etc.				214
Shellfish				19
Beer and Mineral Water Bottles				55
Water supplies—routine				2,188
Water from swimming ponds...				676
Meat from Chief Veterinary Officer				1,348
Animal feeding stuffs				23
PORT HEALTH AUTHORITY—				
Anthrax (hides, skins, hair, bone, etc.)			1	67
Plague (examination of rats)			0	44
		Carry forward		191,960

Brought forward ...		191,960
Foodstuffs—fitness for consumption		113
Water samples		35
OUTSIDE AUTHORITIES—		
Gastro-intestinal infections	62	
Antibiotic sensitivity tests	7	
Blood—various serological tests	10	
Milk (biological test)	8	
Milk samples for *Br.abortus*	632	
Milk samples (plate counts)	685	
Milk bottles (bacterial counts)	2	
Miscellaneous swabs	23	
Shellfish	7	
Anthrax (hides, skins, hair, bone, etc.) ...	2	
		1,445
		206,353

SECTION XI

AIR PURIFICATION

The prevention of air pollution is still a matter of great importance and efforts towards achieving a clean atmosphere continue.

The recent report on the National Survey of Air Pollution, 1961-71, by the Warren Spring Laboratory, Department of Trade and Industry, states that for urban areas in the United Kingdom, smoke has decreased by some 65 per cent since 1956—Glasgow's smoke control programme started in 1959 and has achieved a 67 per cent reduction in smoke concentrations over winter period (October-March inclusive). Of the smoke which still remains at least 80 per cent arises from the domestic use of coal in open fires. Though this substantial reduction in smoke concentration in the City is laudable it does not compare with the remarkably low smoke pollution in the South of England, with average readings of less than 40ug/m^3. The authors of the National Survey Report have proposed that the smoke concentration level in the South of England should be the target for the remainder of the country to aim for. The report, however, recognises that this decrease in the average smoke concentration from north to south of the United Kingdom is roughly in parallel to the decrease in domestic coal consumption per head. In the north of the country the coal consumption is four times that in the south and the average smoke concentrations are up to three times as great as in the south. It is generally thought that the higher fuel consumption in the north of the United Kingdom may be due to more uncomfortable conditions out of doors or simply that the modernisation of domestic heating has progressed more slowly in the north compared to the south. In a paper given to a Standing Conference of Co-operating Bodies on Clean Air, by M. Clifton and A. J. Sharp, the authors stated it was difficult, if not impossible, to compare emissions of smoke in one region with those of another, because the type of coal available is not the same throughout the country, some being much smokier than the average.

So far as sulphur dioxide concentrations are concerned, it is noticeable that the City of London, which has low average smoke concentrations, has one of the highest averages for sulphur dioxide concentrations in the country. This is probably due to the very high density of commercial premises in the Central area. The Scottish Region

as a whole has below National average SO_2 readings and the Glasgow average is reasonably satisfactory. Though the concentration of SO_2 usually present in the atmosphere cannot be detected by the human senses, it should be borne in mind that it causes considerable expense because of its corrosive effects on materials and can have an adverse effect on yield of crops. On the amenity side it may damage trees and plants and under certain conditions can lead to the formation of industrial haze.

Summary of District Work Done During 1972

Despite the loss of several members of the section to industry, with the subsequent delay in training their replacements, the work load carried out during the year was similar to that of 1972.

Though the observation of industrial chimneys for contraventions of the Clean Air Acts is still a necessary function of the Smoke Inspector, it can be time consuming and wasteful of staff, since two inspectors are required for corroborative evidence when taking Court action. It has now become the policy of the section for the District Inspectors to make themselves known to the Plant Engineers of the various factories in their area and to carry out regular inspections, which can ensure that the general standard of operation and maintenance is good, together with the implementation of any recommendations to be adopted. In this way it is hoped that many potential sources of air pollution will be "brought up to scratch" before they actually commit an offence. The Smoke Inspectors have amassed a fair degree of expertise regarding combustion problems, consequently they can conduct meaningful discussions with works management regarding the best method to be adopted for the abatement of air pollution nuisances. This form of co-operation between the staff and works' management has been cultivated over the years resulting in a good working relationship which allows for a great deal of informal discussion prior to a final decision being taken.

The following table indicates the extent and general pattern of the work carried out by the staff during 1972.

Number of observations	3,963
Number of inspections of steam boiler and other furnaces	1,461
Number of intimations of excess smoke given	359

Investigation of Complaints

Generally speaking the number of complaints dealt with during the year was of the same magnitude as previous years. It is, however,

noticeable that as soon as a new smoke control area is declared in force, the complaints from that area are numerous for the first week or two. This participation by the public is welcomed by the Department, as the complainants can usually supply useful information regarding the time and source of the nuisance.

Complaints against coal merchants retailing unauthorised fuel and tenants emitting smoke from their fires when burning this fuel in Smoke Control Areas still accounts for a large proportion of the total lodged. During the year under review, the Inspectorate made a determined effort to stamp out the illegal sale of bituminous coal in the Smoke Control Areas, by carrying out special duties during the weekends, evenings and lunch hours, to gather sufficient evidence for prosecutions to be taken. Since the maximum fine of £20 has in no way deterred these unscrupulous merchants from continuing this illegal trade, the Coal Merchants' Association has been asked to consider withdrawing the supply of fuel to the habitual offender. This matter is at present under review by the Scottish Regional Panel of the Coal Merchants' Association.

The burning of scrap materials on bonfires still gives rise to complaints. Though regular visits are made to scrapyards, which are the most common source of this type of nuisance, the practice of burning scrap cars, electrical cable, etc., continues. In some cases this burning takes place on private ground, unknown to the owner. Under these circumstances the offender is trespassing and is not the legal occupier of the premises, as required under the terms of the Clean Air Act, consequently difficulty is experienced in bringing these offenders "to task". Since many of these scrap dealers now operate in disused railway mineral depots, which are still under the control of the British Rail Estates Department, the Railway Police have given valuable help in controlling this problem.

The extensive demolition work at present continues to cause some difficulties with on-site burning of debris. By and large, the contractors have co-operated well with this Department in keeping the smoke emissions from bonfires within reasonable limits, though occasions did arise when the ash and fume caused local nuisance. Under these circumstances the burning is carried out elsewhere.

Another form of waste burning which can cause concern is the garden refuse bonfire. If this refuse is thoroughly dry it can be burnt satisfactorily in small quantities, but when a thoughtless tenant endeavours to burn green or wet vegetation, the result is volumes of foul

smelling smoke which prevades the area. This type of nuisance can be most annoying, particularly if it occurs during fine weather, when most people have their windows open. Allotment owners and tenants found to be burning refuse are asked to compost as much as possible and thoroughly dry the remainder before burning.

Probably the busiest period for complaints occurred during the coal miners' dispute, with the subsequent power cuts. During this period industrial concerns experienced operational difficulties, particularly those using solid fuel. Because of the coal shortage, alternative grades of a much poorer quality were used, which resulted in smoke emissions. Under the direction of the Smoke Inspectors, during the power cuts, many installations, operating mechanical stokers, were hand fired successfully, using natural draught, until the electricity supply was restored. Even after the industrial dispute was resolved, many suppliers of coal were "scraping the barrel" to meet the needs of their customers. With the use of inferior fuel, several boiler installations suffered from considerable fouling of the tubes and flues, which resulted in complaints of soot and grit being lodged by the public. In each case the problem was overcome by thoroughly cleaning the plant as soon as the regular fuel supply was restored.

The national miners' strike brought about the unusual situation of more solid smokeless fuel being available in the City than raw coal during the period of the strike. This Department assisted the Social Work Department in the organising of the distribution of solid smokeless fuel to the aged and the needy within and outwith Smoke Control Areas.

The Maryhill and Kelvinside Smoke Control Areas became operative on 31st August, 1972 and 31st October, 1972 respectively, covering some 18,461 houses.

The Ruchill Smoke Control Area Order was confirmed by the Secretary of State on 22nd June, 1972 with an operative date 31st October, 1973. The Order will cover some 11,803 houses.

Preliminary survey work in respect of the Springburn Ward is almost complete. It is hoped to place the Order for Springburn before the Corporation mid 1973 with an operative date 1974.

It is expected that by the end of 1973 the acreage of the City covered by Smoke Control Area Orders will be 75 per cent (58·36 per cent of the houses and 63 per cent of the population).

The table on page 277 and the map on page 276 illustrate the progress since the inception of the campaign.

The number of householders retaining open fires averages out around 26 per cent with 58 per cent opting for gas and 16 per cent for electricity.

While there is no doubt that the extension of Smoke Control Areas has brought about a visible improvement in the atmospheric conditions in the City, the full effect will not be appreciated until the whole City becomes a Smoke Control Area and neighbouring counties have taken similar action.

Grit, Dust and Fume

There is little doubt that the total emission of grit and dust from combustion processes will diminish as more industrial plant changes over from solid fuel to either gas or oil firing. The introduction of natural gas to industrial premises and other large consumers of fuel in the City, must make an impact on the general air pollution level of the area. Normally gas is offered on an interruptive tariff which requires the customer to change over to an alternative fuel—normally gas oil, for a stipulated period, at short notice.

Though most of the nuisance complaints dealt with, alleging grit and dust deposit, related to combustion processes, a number of other sources caused problems—the most prominent of these being shot and sand blasting plant. These units are in common use at shipyards, boiler manufacturers and other steel fabrication works. Though all these concerns had filter plant installed, the standard of maintenance and operation varied considerably. Some filter units were only inspected when a serious discharge of iron and steel particles was reported. On other units, the rapping gear, which discharged the particles of rust, etc. into a collector, was found to be inoperative. In the light of these deficiencies this section has contacted all known operators of shot blasting plant and informed them that regular maintenance must be carried out on the filtration equipment.

Another common source of grit and dust is the steel works. Reference was made in the previous Annual Report, to the problems involved with the installation of a gas scrubber at the steel works in the East End of the City. This arrestment plant has been beset with problems from the time of its installation several months ago. During the month of December, it was finally declared fully operational but after a fortnight

it broke down again. As this gas washing plant does make a substantial improvement in the quality of the emission from the arc furnace when it is operating, the management have been exhorted to carry out effective and lasting repairs at an early date.

Most of the problems relating to fume come within the jurisdiction of the Alkali Inspector as the premises concerned have processes registered under the Alkali Act. Though the Alkali Inspector has recently been subjected to a fair amount of criticism for being secretive with information which would be of use to a local authority or in some cases too lenient with defaulters, this Department has received every assistance from his staff. It is worth noting that our long standing complaint with the Alkali Inspector, regarding the excessive and persistent plume from the oil-fired power stations in the City had finally prompted special tests being carried out to determine the reason for this phenomenon.

Further consultations were held with the management of the chemical works in the Camlachie area, to improve the quality of the chimney effluent which has been a source of complaint, particularly smell, for some time now. Though no further progress regarding the reduction of odour can be reported, it is worth noting that the additional bag filter plant which came into operation in October of this year, collects roughly 25 lb./hr. of fine particulate which formerly escaped into the atmosphere through the factory chimney. The vapour plume from this chimney is noticeably whiter since this arrestment plant came into operation.

Shipping in Dock and Harbour Areas

It is pleasing to note that there was a reduction in the number of complaints alleging dense smoke emissions from vessels in port, compared to previous years. This could be attributed to the policy of the section in carrying out routine visits to the berthed ships, together with informal talks to the ships' senior officers, regarding the requirements of the Clean Air Acts. A notice which explains the "Permitted Period for Dark Smoke Regulations" is also given to the ship's master for display on the engine room notice board. With regard to foreign registered vessels, where language difficulties arise, the shipping agents were informed of the implications of the Acts and duly requested to ensure that the ships' masters were acquainted with them.

The most difficult period for ensuring smoke free combustion from

ships' boiler plants, undoubtedly occurs during the berthing operation. The manoeuvring of a ship into a dock requires a fair amount of engine movements, which in the case of a steamship, means a rapid fluctuation of steam demand. The narrowness of the channel in the river at the City docks aggravates the problem. As most of the oil-fired units on these steam boilers are ignited by a hand "torch", there is always a slight delay in obtaining the correct setting of the fuel/air ratio, which can result in a burst of heavy smoke.

The drydocking of vessels can also lead to combustion problems with the resultant discharge of smoke. During this period much of the auxiliary plant is opened up for survey and repair, yet in many cases, the boilerplant is still required to be operational for the supply of power and heating. This problem is most acute when all the fans providing the draught for the boilers are inoperative and natural draught is utilised.

Each case is dealt with on its own merits and the Smoke Inspectors, with their marine engineering background, can readily assess the problems involved and give advice.

Though no Court proceedings were taken against any ships during 1972, twenty-one notices of offence for contravention of Section 20 of the Clean Air Act, 1956, were served. In each case the nuisance was rectified.

Incineration

Nuisance arising from the malfunctioning or bad operation of incinerators is still a frequent complaint. Unless these units are operated as stipulated by the manufacturers and only deal with the type of waste for which they were designed they can be a troublesome source of smoke, fly ash and noxious fume.

During the year under review, the Department informed the Secretaries at three of the City hospitals, that the combustion conditions in their respective incinerators were most unsatisfactory. The overloading of these units caused most of the trouble, though lack of maintenance was also very apparent. Two of the hospitals have now rearranged their collection and disposal system to spread the burning load evenly over the working day. Though this measure has brought a slight improvement in the situation, the Hospital Regional Engineers have been asked to thoroughly investigate the whole system of hospital incineration, particularly the disposal of the plastic waste, which now accounts for a high proportion of the total refuse.

A number of complaints were lodged during the year against the Corporation Cleansing Department destructors, alleging smoke and fly ash deposit. The principal offender was the Works situated in the City's East End. Though this outdated destructor was scheduled to be closed down, circumstances necessitated its continued use. The main reason for its extended life has been the prolonged periods of shutdown for repairs at the Dawsholm and Polmadie Works, which left a considerable amount of material to be disposed of daily. The majority of the waste dealt with at the East End works consists of furniture and contents of derelict houses which the Corporation are obliged to uplift under the terms of the Civic Amenities Act. Since much of this material contains foam rubber, plastic, etc., there are occasions when the smoke emissions become dense. The Cleansing Department have now agreed to direct all the highly volatile material to Dawsholm destructor where it can be dealt with efficiently.

Reference was made in last year's Report to the problem of fly ash emission from a South Side refuse works. This plant was working at half-load for six months, while the chimneys were relined. The temporary arrangement for fly ash collection by water sprays at the chimney base has achieved some success but it is felt that a water washed chain link screen would give a much greater arrestment of the fly ash. Discussions are at present taking place with the Cleansing Department engineers with a view to having a chain screen arrestment unit installed.

Prior Approval Applications

Clean Air Act, 1956, Section 3

Clean Air Act, 1968, Sections 3, 4, and 6

During the year 1972, 111 applications for prior approval under the terms of the Clean Air Acts were dealt with. Each application generally required approval for more than one Section of the Acts. Though this total is down on the previous year, it should be remembered that the 1971 total was inflated by the large scale conversion or replacement of coke fired boiler plant to either oil or gas firing, due to the run down of gas coke manufacture.

Section 3 of the Principal Act requires that the local authority be notified of any proposed furnace installation or alteration above a rating of 55,000 BTU/hr. and if the authority are satisfied that the proposed unit can operate, as far as practicable, without the emission of smoke,

approval is granted. It should be noted, however, that this approval does not allow the indiscriminate emission of smoke and the plant must operate within the permissible limits.

The statutory control of chimney heights (Section 6, Clean Air Act, 1968) allows the local authority to take into account a number of relevant factors when determining the satisfactory height of chimney to avoid down-draughting which can result in high concentrations of flue gases reaching ground level. Though the Act does not control the design or fabric of the chimney itself, architects and heating engineers are reminded that good insulation and high gas efflux velocities are essential.

Section 3 of the Clean Air Act, 1968, refers to the requirement for the equipping of certain plant with approved grit and dust arrestment units. Section 4 of this Act stipulates the exemptions from this requirement which are generally based on the fuel consumption per square foot of grate area.

Plant Improvement of Note During 1972

A keen interest has always been taken by the Department in improvements to combustion and process plant, since these new installations or alterations tend to produce an improvement in the quality of the air throughout the area.

As previously mentioned in this Report the industrialists are very much aware of the benefits in the use of natural gas for heating and process work. However, the only large scale installation of natural gas-fired plant recorded during 1972, was the new boiler plant at one of the City's universities. This boilerhouse consists of three dual fired boilers with a total rating of 43,000 lb. of steam per hour, replacing the original solid fuel fired economic boilers and a watertube boiler. This new plant can be changed quickly to burn the standby fuel, which is gas oil. The existing brick chimneys were adapted and heightened by fitting insulated liners down their 140 feet length to give a satisfactory efflux velocity to the combustion gases for good dispersal. Smoke emissions from these chimneys, which occurred during periods of fire cleaning with the original plant, will now be a feature of the past.

The Corporation of Glasgow heating engineers have been responsible for several conversions of solid fired plant to Town gas burning — schools and libraries accounting for the majority of the conversions.

The overloading of boiler and process plant is always a source of bad combustion conditions: consequently when the underpowered plant is augmented with additional units, problems of smoke and grit generally disappear.

A brewery in the East End installed an additional oil-fired package boiler to deal with the growing need for additional process steam. This enlarged boilerhouse can now deal comfortably with the fluctuating load conditions without any problems of smoke emission. Another factory in the Possilpark area was in a similar position due to expansion of their process plant. The "forced" firing conditions resulted in the works management receiving a number of visits from the Smoke Inspectors, till finally the firm was informed that if the smoke emissions continued, the Department would take Court proceedings against them. Shortly after this the firm informed the Department that an additional boiler would be installed. This boiler is now in operation and combustion conditions are good.

Smut emission from oil-fired plant can be a most troublesome problem since its corrosive qualities can lead to acidic attack on fabric, paintwork, etc. in the vicinity of the chimney concerned. If such a plant is situated in the centre of a built-up area the nuisance becomes more pronounced.

The boilerplant of a large department store in a popular shopping area of the city centre was a source of smutting. Complaints were lodged by office workers in the adjoining properties and also owners of cars parked beside the offending boiler plant. After discussions with the management the boilerplant flues and chimney were thoroughly cleaned and the oil fuel changed to gas oil. Since the changeover to this more refined fuel, with its lower sulphur content, we have received no further complaints.

Prosecutions Taken During the Year

A total of 94 cases were dealt with, for offences under the terms of the Clean Air Acts, 1956 and 1968, by the Stipendiary Magistrates at the Govan, Central and Marine Police Courts.

Though 108 warning letters were sent to tenants for smoke emissions from their chimneys in Smoke Control Areas, punitive action was only taken on 29 occasions.

The findings of the Courts were as follows :—

2 pled guilty and were each fined £5.
19 pled guilty and were each fined £3.
2 pled guilty and were each fined £2.
6 pled guilty and were admonished.

The sustained effort by the inspectors in the Smoke Control Areas against the illegal sale of bituminous coal by merchants, resulted in 60 cases coming before the Courts.

The findings of the courts were :—

5 were each fined £20.
9 were each fined £15.
12 were each fined £10.
12 were each fined £7.
13 were each fined £5.
4 were each fined £3.
1 was admonished.
3 deserted *pro loco*.
1 Warrant issued.

The remaining five cases related to infringements of the Industrial Sections of the Clean Air Acts. In each case the accused was fined £5.

Atmospheric Pollution Estimation

Recording and Instrumentation

The work of the Technical Assistant of the Department mainly consisted of instrumentation and analysis work relevant to the National Survey of Smoke and SO_2 together with the estimation of deposited matter.

This year a new sampling unit for smoke and SO_2 was installed in the Ornithology Department of the Art Galleries. With the increase in interest shown by various sections of the community, particularly schools, it was felt that a unit in a popular public building would be of special interest, especially when the instrument can be seen in operation. This unit, together with the other 15 situated throughout the City, is part of the National Survey network, which measures the concentrations of smoke and SO_2.

Interest in problems of pollution in our environment does not rest solely on that of smoke and SO_2. Concern is now being shown for the lead content of the atmosphere. Since there is a distinct lack of information

in this field, the Department felt that an effort should be made to determine the background lead levels throughout the City. By analysing the lead in the street dust from sites at one mile intervals throughout the greater part of the City, a general picture of the lead levels was found. Samples of dust were also taken from the new left flank motorway for lead analysis. Samples will again be taken from these sites in the Spring of 1973, for comparison.

Dust samples were also taken in the areas surrounding the three principal works dealing with lead in the City. Apart from one sample, at the main entrance to a lead work, all the lead readings were within the presumptive limits, as specified by the Scottish Development Department.

For many years now we have known that some of the pollution in the major city centres was due to effluent from motor vehicles. It was decided that the Department should make an effort to compare the quality of the air in traffic thoroughfares with that of traffic free areas.

The opening of the lower half of Buchanan Street as a pedestrian precinct provided an excellent opportunity for such an experiment.

To enable this sampling to be done an apparatus had to be devised which was portable and easily installed at the site chosen. The unit consisted of two 6-volt batteries in series wired to a 12-volt D.C. pump which was in turn connected to a 1in. diameter filter clamp. The method of operation was to draw air through a piece of filter paper thus trapping the smoke particles causing a stain. From the difference in the smoke stain densities it was clearly seen that the atmosphere in the pedestrian precinct was much cleaner than that of the traffic thoroughfares. The creation of the pedestrian precinct has created a haven for the public in the City centre where they can enjoy an atmosphere free from the noxious exhaust fumes of road traffic.

CORPORATION OF THE CITY OF GLASGOW

CLEAN AIR ACT, 1956—SMOKE CONTROL AREAS

CLEAN AIR ACT, 1956 — SMOKE CONTROL AREAS.

Area.	Date of Order.	Date of Approval by Secretary of State.	Order comes into Force.	Acreage.	No. of Industrial Premises.	No. of Commercial Premises.	No. of Dwellings.	No. of Other Premises
Central	11th Dec., 1958	15th Apr., 1959	15th Oct., 1959	201	420	3,546	253	34
Central No. 2 (Extension West of Central)	24th Dec., 1959	29th Mar., 1960	15th Oct., 1960	160	113	2,154	634	45
Central No. 3 (Extension East of Central)	24th Dec., 1959	29th Mar., 1960	15th Oct., 1960	91	48	341	1,436	15
Pollokshaws	24th Dec., 1959	29th Mar., 1960	15th Dec., 1960	2,794	36	85	10,620	203
Pollokshields	9th June, 1960	26th Apr., 1961	15th May, 1962	1,239	22	252	3,842	81
Pollokshields (No. 2)	22nd Dec., 1960	29th Aug., 1961	30th Sept., 1962	2,010	3	54	6,852	49
Provan	21st Dec., 1961	4th Apr., 1962	15th May and 16th Aug., 1963	4,845	40	185	21,137	66
Craigton	20th Dec., 1962	27th May, 1964	30th Sept., 1965	1,566	29	244	13,058	87
Shettleston and T'cross	29th Apr., 1963	24th Oct., 1963	30th Sept., 1964	610	19	53	5,090	20
Dennistoun	19th Dec., 1963	17th March, 1965	31st Oct., 1966	689	38	495	8,274	74
Cathcart (No. 1)	10th Sept., 1964	12th March, 1965	31st Aug., 1966	641	4	387	5,263	57
Cathcart (No. 2)	10th Sept., 1964	12th March, 1965	31st Aug., 1966	2,096	3	300	13,922	36
Pollokshaws (No 2)	10th Sept., 1964	6th June, 1966	31st Aug., 1967	288	Nil	39	1,931	7
Camphill	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	481	16	761	8,161	143
Govanhill	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	365	10	587	9,394	29
Langside	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	801	10	495	9,747	192
Knightswood (No. 1)	15th Sept., 1966	23rd Aug., 1967	30th Sept., 1968	544	12	87	3,803	85
Knightswood (No. 2)	15th Sept., 1966	23rd Aug., 1967	30th Sept., 1968	1,070	5	162	10,011	222
Whiteinch	12th Aug., 1968	28th Oct., 1968	31st Oct., 1969	790	30	324	6,759	105
Fairfield	12th Aug., 1968	28th Oct., 1968	31st Oct., 1969	1,299	63	151	4,034	64
Yoker	22nd July, 1969	1st Oct., 1969	31st May, 1971	1,213	37	185	11,008	291
Kelvinside	21st Sept., 1970	29th June, 1971	31st Oct., 1972	1,160	17	498	8,672	549
Maryhill	15th April, 1971	24th June, 1971	31st Aug., 1972	2,210	34	259	9,789	206
Ruchill	13th April, 1972	22nd June, 1972	31st Oct. 1973	1,962	112	406	11,803	305

Average Deposit of Each Element of Atmospheric Pollution for Each Month of 1972

Milligrams per Square Metre per Day

	Month		Rainfall in millimetres	Insoluble Matter: Tar	Insoluble Matter: Carbonaceous less Tar	Insoluble Matter: Ash	Insoluble Matter: Total Insoluble Matter	Total Soluble Matter	Included in Soluble: Sulphate as SO_4	Included in Soluble: Chloride as Cl.	Total Solids, 1972	Total Solids: 1971	1970	1969	1968	1967	1966
Mean of 11 Stations	January	...	86·3	1·5	24·4	46·3	72·2	64·2	22·1	11·7	136·4	158·4	203·8	226·5	372·7	151·3	252·9
Mean of 10 Stations	February*	...	46·3	2·5	25·7	48·5	77·0	56·2	16·4	6·7	133·2	194·2	294·5	139·7	114·2	240·8	305·0
Mean of 11 Stations	March	...	41·0	2·8	22·5	56·5	81·9	49·1	13·5	7·5	131·0	155·0	126·6	171·5	274·0	304·5	202·5
Mean of 11 Stations	April	...	96·5	5·0	29·1	64·7	98·8	67·0	23·4	12·4	165·8	149·3	130·3	139·8	123·0	151·3	159·2
Mean of 11 Stations	May	...	107·0	2·7	28·8	37·0	68·4	108·1	22·2	13·6	176·5	173·0	151·2	148·0	186·0	180·2	121·4
Mean of 11 Stations	June	...	84·5	2·1	29·3	45·3	76·6	47·6	13·5	7·6	124·2	89·9	215·2	171·0	119·9	164·1	194·5
Mean of 11 Stations	July	...	42·4	1·5	21·2	37·7	60·4	53·1	13·7	3·9	113·5	118·5	85·5	89·5	108·5	86·5	119·1
Mean of 11 Stations	August	...	48·3	1·0	6·9	11·4	19·3	29·4	5·2	2·0	48·7	159·3	84·4	108·3	103·9	101·0	192·9
Mean of 11 Stations	September	...	11·0	3·3	18·8	31·0	53·1	2·1	7·2	3·4	55·2	96·2	117·1	126·4	223·5	88·5	146·1
Mean of 11 Stations	October	...	28·8	2·3	21·8	42·7	66·8	63·6	14·2	6·9	130·4	126·1	143·5	147·8	160·5	232·4	172·8
Mean of 11 Stations	November	...	92·5	1·8	26·6	62·0	90·4	81·7	18·7	25·8	172·1	129·1	224·2	176·2	157·8	120·5	363·0
Mean of 10 Stations	December*	...	86·0	2·6	21·3	41·5	65·7	86·1	14·8	27·8	151·8	171·7	170·3	193·5	127·0	129·2	232·3
Average of All Gauges in Mg/m²/Day for Year 1972			64·2	2·4	23·0	43·7	69·2	59·0	15·4	10·8	128·2	143·2	159·9	153·4	172·6	162·5	205·1

*Due to vandalism two instruments were damaged, resulting in the loss of deposit data from one station in each case.

SECTION XII

SANITARY SERVICES

During the year the work load of the staff increased in respect of various duties making the task of the existing staff more difficult. The Sanitary Inspectorate is continually below establishment: in consequence there is a lack of continuity in various aspects of the work. This leads to priorities in certain duties to the detriment of other duties. Despite this situation the slum clearance programme was maintained and some 6,669 houses condemned through Closing Orders, Demolition Orders and Treatment Areas (Clearance). Inspections in terms of the Offices, Shops and Railway Premises Act, 1963, the Food Hygiene (Scotland) Regulations, 1959/66 and the Factories Act, 1961, also increased.

Applications from the Director of Planning for reports on the change of use of premises totalled 786, an increase of 294 from the previous year. These reports entail considerable work on the part of the staff involving discussions with architects on projects.

Towards the Autumn of the year, the Deposit of Poisonous Waste Act came into operation. This was brought about by concern in Government circles due to incidents in various parts of the county involving the indiscriminate dumping of toxic waste. The Act was hurried through Parliament and whilst in my opinion the powers still require to be strengthened it has had the effect of giving Local Authorities and River Purification Boards a better picture of the situation.

Nuisances in terms of the Public Health (Scotland) Act, 1897 and contraventions found and abated under various Acts and Regulations are summarised in each Division as follows :—

TABLE I

NUMBER OF NUISANCES FOUND AND ABATED DURING 1972

	Found	Abated
Central Division	33,059	15,787
Northern Division	18,078	16,450
Eastern Division	12,583	11,516
South-Eastern Division ...	6,583	5,613
South-Western Division ...	13,677	13,515
Total	83,980	62,881

The nuisances and contraventions still to be remedied mainly concern inspections in terms of the Offices, Shops and Railway Premises Act, 1963 and the Food Hygiene Regulations.

Public Health (Scotland) Act, 1897

During the year 357 cases were submitted to the Sheriff Court due to owners failing to abate nuisance conditions. This is almost a hundred per cent. increase from the previous year and reflects particularly the difficulty in abating such conditions where houses in tenements are in multi-ownership.

Table II

Table Showing Details of Court Proceedings in Terms of the Public Health (Scotland) Act, 1897, During 1972

Division	Number of Nuisances Submitted to Sheriff Court	Number Decided in favour of Pursuer	Number Unsuccessful	Number Continued	Costs	Expenses
Central	108	53	—	54	£5,055·43	£418·00
Northern ...	221	180	—	41	5,994·50	1,275·27
Eastern	13	8	—	5	715·20	54·00
South-Eastern ...	5	4	1	—	217·52	69·70
South-Western ...	10	7	—	3	43·82	48·00
Total ...	357	252	1	103	£12,026·47	£1,864·97

Common Lodging Houses

The number of registered Common Lodging Houses in the City was six, the same as in 1971.

Table III

Division	Number of Premises Registered		Number of Beds in Each		Number of Inspections
	Male	Female	Male	Female	
Central ...	1	1	81	163	3
Northern ...	2	—	350	—	13
Eastern ...	2	—	371	—	37
South-Eastern	—	—	—	—	—
South-Western	—	—	—	—	—
Total ...	5	1	802	163	53

Despite the fact that in addition the new hostels at Robertson House for Males and Inglefield Street Hostel for females are in operation these do not meet the need for the unfortunate drop-outs of society who are principally concerned with obtaining shelter for the night rather than sleep "rough". There is obviously a growing social need for accommodating such people and the new hostels which have been opened or have been proposed will not meet the requirements of this type of person.

Piggeries

Piggeries in the City are all concentrated north of the River Clyde and during the year there was nothing of importance worthy of comment.

Table IV

Division	Number of Piggeries	Number of Pigs Permitted	Number of Inspections
Central	4	828	4
Northern	1	300	5
Eastern	1	200	1
South-Eastern ...	—	—	—
South-Western ...	—	—	—
Total ...	6	1,328	10

Offensive Trades

There was no change in the number of premises and types of Offensive Trades in the City during the year. The offensive trades are all situated east of Glasgow Cross.

The position in the City is as follows :—

Table V

Division	Blood Boiler	Bone Boiler	Soap Boiler	Tripe Boiler	Tanner	Tallow Melter	Knacker	Manure Manufacturer	Gut or Tripe Cleaner	Skinner or Hide Factor	Slaughterer of Horses or Cattle	Total
Central	—	—	—	—	—	—	—	—	—	3	—	3
Northern	—	—	—	—	—	—	—	—	—	—	—	—
Eastern	—	4	—	4	1	8	—	1	5	1	—	24
South-Eastern	—	—	—	—	—	—	—	—	—	—	—	—
South-Western	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	4	—	4	1	8	—	1	5	4	—	27

The Glasgow Corporation Order Confirmation Act, 1959.

There was an increase of four per cent. in the number of drains which had to be cleared by the Corporation where the owners did not carry out the work within the specified time.

The multiplicity of owner occupiers, particularly in tenements, causes much administrative work both in the issue of notices and recovery of outstanding debts. The cost involved in the recovery of accounts may in certain instances exceed the cost of the account.

The commencement of the Sewerage (Scotland) Act, 1968, in May, 1973, will have the effect of repealing most of the 1959 Act. In terms of the new Act the local authority will be responsible for remedying defects in drains outwith the curtilage of premises. This should lead to greater efficiency in remedying these defects and will relieve the owners of property of expensive openings in footpaths and roads.

Table VI

Action Taken Under the Glasgow Corporation Order Confirmation Act, 1959, During 1972

Division	No. of Notices Issued	Cleared by Owner within the Statutory Period		Cleared by Corporation	
		No.	Percentage	No.	Percentage
Central	1,312	888	68	425	32
Northern	2,503	1,988	78	540	22
Eastern	1,953	1,478	76	475	24
South-Eastern ...	752	661	88	89	12
South-Western ...	1,808	1,515	84	293	16
	8,328	6,530	78	1,822	22

Housing (Scotland) Acts, 1966/69

The impetus of the slum clearance programme continued during the year when some 6,669 houses were reported to Committee for condemnation as Closing Orders, Demolition Orders and Treatment Areas for Demolition. Treatment Areas for the timeous removal of derelict properties also continued on a large scale and resulted in the removal of unoccupied houses which were the subject of Closing Orders

in the past. Some 383 houses were designated as Treatment Areas for Improvement.

In the Report last year, mention was made of the slow progress being made on the practical aspects of rehabilitation. This unfortunately is still continuing and is associated with the problem of multi-ownership in tenement buildings and the subsequent time lag in acquiring these houses by the Corporation before rehabilition can proceed.

It would appear therefore, that more effective legislation is required if rehabilitation is to proceed quickly and make a worthwhile contribution to the housing situation.

Figures given later in this Report of the housing stock in the City at the end of 1972 reveal that 19,532 houses still have the use of an external water-closet. Many of the houses in this category are in properties in good physical condition and it is hoped that in certain residential areas these houses could be rehabilitated.

Rent Qualification Certificates

There has been a gradual run down on the number of first applications and most of the work during the year was concentrated on re-applications which were refused in the first instance. Legislation is gradually phasing out controlled tenancies and as time goes on the Rent Officer will be dealing more and more with this type of work.

During the year one Certificate of Disrepair was granted under the terms of the 1971 Rent Act.

Table VII

Details of Houses Dealt with During the Year 1972

Divisiin	Housing (Scotland) Acts, 1966/69 Closing Orders and Demolition Orders	Housing (Scotland) Act, 1969 Treatment Arcas Clearaace	Dealt with under Dean of Guild Procedure	Private Closurcs or Demolitions	Corporation Houses Closures or Demolitions	Total
Central ...	406	—	133	3	233	775
Northern ...	2,240	249	202	32	826	3,549
Eastern ...	3,104	—	177	—	59	3,340
South-Eastern	20	293	37	—	17	367
South-Western	357	—	86	—	1,568	2,011
	6,127	542	635	35	2,703	10,042

Table VIII

Rent (Scotland) Act, 1971, Part VI

Qualification Certificates

Applications Submitted to Committee During 1972

Division	First applications		Re-applications	
	Granted	Refused	Granted	Refused
Central	56	151	261	35
Northern ...	1	20	22	14
Eastern	23	20	98	4
South-Eastern ...	218	407	875	95
South Western	12	23	66	5
	310	621	1,322	153

Table IX

Housing Statistics at 31st December, 1972

Division	Total Number of Houses	Number of houses with internal water supply	Number of houses with internal water-closet	Number of houses with external water-closet	Number of houses with internal bath	Number of houses without bath
Central	64,502	64,502	63,625	877	54,746	9,756
Northern	56,270	56,270	51,089	5,181	43,163	13,107
Eastern	63,040	63,040	55,412	7,628	47,873	15,167
South-Eastern ...	68,583	68,583	65,422	3,161	57,681	10,902
South-Western ...	43,222	43,222	40,537	2,685	33,601	9,621
	295,617	295,617	276,085	19,532	237,064	58,553

Table X

Closing/Demolition and Clearance of Properties

Year	Closing Order	Demolition Order	Treatment Area for Demolition	Total
1967 ...	1,279	1,772	—	3,051
1968 ...	2,840	3,054	—	5,894
1969 ...	2,918	3,229	57	6,204
1970 ...	1,952	3,360	1,046	6,358
1971 ...	1,723	3,756	695	6,174
1972 ...	2,220	3,907	542	6,669
	12,932	19,078	2,340	34,350

Table XI

Treatment Areas for Demolition Approved by the Corporation During 1972 in Terms of Section IV 2(A) of the Housing (Scotland) Act, 1969

Division	Area	Date	Number of Houses Not Previously Closed	Previously Closed	Total
Eastern ...	Abercromby St. No. 1	12th Oct., 1972	—	13	13
Eastern ...	Abercromby St. No. 2	7th Dec., 1972	—	7	7
South-Eastern ...	Aikenhead Rd., No. 1	31st Aug., 1972	255	—	255
Central ...	Broomielaw No. 1	2nd Mar., 1972	—	3	3
Central ...	Broomielaw No. 2	2nd Mar., 1972	—	6	6
Central ...	Broomielaw No. 3	16th Mar., 1972	—	4	4
Central ...	Bridgegate No. 1	2nd Mar., 1972	—	22	22
South-Eastern ...	Ballater Street/Waddell Street	16th Mar., 1972	—	20	20
Central ...	Breadalbane St. No. 1	8th June, 1972	—	10	10
Central ...	Beith St. No. 1	8th June, 1972	—	15	15
Eastern ...	Bonnar St. No. 1	12th Oct., 1972	—	12	12
Eastern ...	Barrack St. No. 1	7th Dec., 1972	—	16	16
Eastern ...	Barrack St. No. 2	7th Dec., 1972	—	10	10
Northern ...	Cowlairs Rd. No. 1	6th Jan., 1972	—	14	14
South-Eastern ...	Calder Street. No. 1	17th Feb., 1972	—	20	20
South-Eastern ...	Calder St. No. 2	17th Feb., 1972	—	11	11
South-Eastern ...	Calder St. No. 3	17th Feb., 1972	—	23	23
South-Eastern ...	Clarkston Rd. No. 1	16th Mar., 1972	—	2	2
Northern ...	Cowlairs Rd. No. 2	8th June, 1972	—	27	27
Northen ...	Cowlairs (Springburn Rd. No. 1)	16th Mar., 1972	—	116	116
Northern ...	Cowcaddens (Possil Rd. No. 1)	8th June, 1972	—	12	12
Eastern ...	Carstairs St. No. 1	12th Oct., 1972	—	11	11
Eastern ...	Colvend St. No. 1	12th Oct., 1972	—	16	16
Central ...	Dumbarton Rd. No. 1	8th June, 1972	—	8	8
Central ...	Gilbert St. No. 1	17th Feb., 1972	—	11	11
Northern ...	Garscube Rd. No. 1	2nd Mar., 1972	—	23	23
South-Eastern ...	Gorbals No. 1	16th Mar., 1972	—	46	46
Eastern ...	Gallowgate No 1	8th June, 1972	—	16	16
South-Eastern ...	Govanhill St. No. 1	13th Apl., 1972	—	47	47
Northern ...	Gourlay St. No. 1	21st Dec., 1972	47	—	47
Northern ...	Gourlay St. No. 2	7th Dec., 1972	49	—	49
Northern ...	Gourlay St. No. 3	18th Dec., 1972	112	—	112
Central ...	Hydepark St. No. 1	8th June, 1972	—	16	16
Central ...	Hayburn Lane No. 1	8th June, 1972	—	1	1
Northern ...	Kelvinhaugh St. No. 1	17th Feb., 1972	—	11	11
South-Western ...	Kingston St. No. 1	2nd Mar., 1972	—	16	16
Northern ...	Lambhill St. No. 1	2nd Mar., 1972	—	15	15
Central ...	Lumsden St. No. 1	12th Oct., 1972	—	20	20
Northern ...	Maryhill (Oran St. No. 1)	8th June, 1972	—	37	37
Northern ...	Maryhill (Gairbraid Ave. No. 2)	8th June, 1972	—	13	13
Northern ...	Maryhill Rd. No. 1	13th Apl., 1972	—	27	27
Northern ...	Maryhill (Harrington St.)	31st Aug., 1972	24	36	60
South-Western ...	McCulloch Street	8th June, 1972	6	—	6
Northern ...	North Kelvin (Willock St No. 1)	8th June, 1972	—	15	15
Northern ...	North Kelvin (Willock St. No. 2)	8th June, 1972	—	6	6
Northern ...	North Kelvin (Maryhill Rd. No. 1)	8th June, 1972	—	25	25
Northern ...	North Kelvin (Garscube Rd. No. 2)	8th June, 1972	—	20	20
Northern ...	North Kelvin (Oran St.)	8th June, 1972	16	—	16
South-Eastern ...	Polmadie St. No. 1	17th Feb., 1972	—	16	16
South-Eastern ...	Polmadie St. No. 2	16th Mar., 1972	—	9	9
South-Eastern ...	Polmadie Rd. No. 1	16th Mar., 1972	—	20	20
South-Eastern ...	Polmadie Rd. No. 2	16th Mar., 1972	—	9	9
Central ...	Pembroke St. No. 1	8th June, 1972	—	10	10
Eastern ...	Parkhead (Tollcross No. 2)	7th Dec., 1972	—	21	21
Northern ...	Ruchill (Balmore Rd.)	13th April, 1972	—	7	7
Central ...	Sandy Rd. No. 1	16th Mar., 1972	—	10	10
Central ...	Sandy Rd. No. 2	8th June, 1972	—	9	9
Eastern ...	Sydney St. No.1	7th Dec., 1972	—	19	19
Central ...	Vine St. No. 1	17th Feb., 1972	—	16	16

Division	Area	Date	Number of Houses Not Previously Closed	Previously Closed	Total
Northern	Woodside (Henderson St. No. 1)	3rd Feb., 1972	—	30	30
Northern ...	Woodside (Abington St. No. 1)	11th May, 1972	—	75	75
Northern ...	Woodside (Camperdown St. No. 1)	8th June, 1972	—	24	24
Northern	Woodside (Henderson St. No. 2)	8th June, 1972	—	37	37
Northern ...	Woodside (Dick St. No. 1)	8th June, 1972	—	10	10
Northern ...	Woodside (Abington St. No. 2)	8th June, 1972	—	15	15
Eastern	Webster St. No. 1	12th Oct., 1972	—	11	11
	Total		509	1,147	1,656

Table XII

Housing (Scotland) Act, 1969, Section IV 2(*b*)

Treatment Areas Designated for Improvement by the Corporation During 1972

Division	Date	Name of Area	Number of Houses
South-Eastern	31st Aug., 1972	Govanhill No. 1	67
South-Western	5th July, 1972	Halfway No. 1	26
South-Western	5th July, 1972	Halfway No. 2	9
Eastern ...	31st Aug., 1972	Parkhead (Tollcross No. 1)	281
			383

Abandoned Properties

The number of properties recorded as abandoned decreased by thirteen during the year. This was due principally to condemnation by this Department.

Table XIII

Number of Properties and Houses Recorded as Abandoned at 31st December, 1972

Division	Properties	Houses
Central	5	39
Northern	4	33
Eastern	9	58
South-Eastern	5	45
South-Western	2	2
Total	25	177

Glasgow Corporation (General Powers) Order Confirmation Acts, 1960-62

Bye-Laws Made Thereunder

Redecoration of Walls of Closes and Staircases

Every effort is made to maintain the walls of closes and staircases in good decorative condition and to that end 1,740 Notices were served during the year. In 488 instances voluntary action was taken by owners to have the walls of closes and staircases redecorated.

Problems arise when some owners do not take any heed of the Notice and action has to be taken in the Courts. Unfortunately, as the legislation stands, defaulting owners may be fined but there is no condition that they must also carry out the work for which they were charged. The only way of remedying the situation is to keep prosecuting the offender. This is a time consuming and unsatisfactory state of affairs.

Table XIV

Number of Closes and Staircases Limewashed and Painted During 1972

	As a result of Notice	Voluntary by Owners	Total
Central	710	21	731
Northern ...	304	56	360
Eastern	281	129	410
South-Eastern ...	257	119	376
South-Western ...	188	163	351
	1,740	488	2,228

Cleansing of Closes and Stairs

The number of complaints decreased slightly from the previous year. In thirty-five instances occupiers were taken to Court for failing to observe the bye-laws.

The following table indicates the position in each Division of the City :—

Table XV

Stair Cleansing

Division	No. of Complaints	No. of cases where Rotation Cards issued	No. of Court Cases	Number Successful	Number Unsuccessful	Number Pending	Fined
Central	285	243	—	—	—	—	—
Northern	320	175	11	8	—	3	£16
Eastern	187	20	—	—	—	—	—
South-Eastern ...	242	41	—	—	—	—	—
South-Western ...	132	51	24	23	1	—	£21
Total ...	1,166	530	35	31	1	3	£37

Farmed-Out Houses

There was a slight increase in the number of houses declared and registered during the year as in the opinion of the Medical Officer of Health and Sanitary Inspector these houses were in need of special supervision in the interest of public health and sanitation.

The registration of such houses brought the inevitable problems especially when applications for renewal of registration were refused because the owners had not brought the houses up to the standard required by the bye-laws. The result was that Court action was taken and occupiers given notice to quit by the owners. Since there are a considerable number of houses in multiple occupation this procedure simply decants tenants into other houses creating the problem over again.

Where it is discovered that such houses are in existence and likely to have been established post Planning Acts legislation it is now becoming the practice in the Department to notify the Director of Planning and if this proves the case the owner has to apply for planning permission in respect of the change of use of his premises. In doing so this Department is consulted and conditions written in that they must satisfy the requirements of recent standards set by the Corporation for self-contained houses.

TABLE XVI

	No. of Declared Farmed-out houses during year ended 31.12.72	No. of Farmed-out houses Regd. during year ended 31.12.72	No. of Farmed-out Houses deleted during year ended 31.12.72	Total No. on Register as at 31.12.72
Central ...	30	16	13	10
Northern ...	—	2	2	2
Eastern ...	—	5	1	5
South-Eastern	2	2	—	2
South-Western	—	—	—	—
	—	—	—	—
	32	25	16	19

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

GENERAL

The first item of note in this Report is that there has been a considerable increase in the number of General Inspections. This is due to a greater concentration of the inspectors' time on this aspect of the work which has now become possible. It is not in any way related to an increase of notifications, from occupiers of premises, but arises from detailed visits by inspectors. The work of reporting unsatisfactory premises and subsequent follow-up visits to ensure that contraventions are dealt with as expeditiously as possible, is very rewarding both to the staff and to the Department.

Previous reports have indicated the difficulties of overcoming the number of General Inspections in the Central Division. During the year there was a considerable increase in these inspections and a total of 1,628 premises were inspected. The cumulative total to the end of 1972 is 4,276.

At the end of 1972, there were 6,819 premises registered, which leaves an outstanding balance of 2,093 premises to be inspected. While this appears unsatisfactory, it must be noted that the figure of 6,819 relates to registered premises only and it is estimated that a very high proportion within the Division have not yet been registered. It therefore follows that the understanding balance of premises requiring to have a General Inspection is much higher than is shown. With the increase in staff in the Central Division towards the end of 1972, it is hoped that 4,000 General Inspections will be carried out during 1973.

I have made previous reports concerning the practice of speculative building where units are erected in a more or less skeleton fashion and thereafter, and sometimes long after, occupants move in. This means, in many cases, considerable alterations and additions to he

buildings to provide the necessary accommodation and requirements of the Act, according to the type of business set up, leading in some cases to final layouts which are not necessarily of the best pattern.

At the 31st December, 1972 there were 13,790 Registered Premises in the City, of which 1,185 were newly registered during the year. The total persons employed was 153,987, comprising 71,236 males and 82,751 females.

From the above generalisation, I would give two instances of bad conditions found in premises visited.

1. This concerned a newsagent shop which had various contraventions: Dirty floors and walls, unsuitable provision for ventilation, inadequate heating, a two foot hole in the floor which had to be negotiated to reach an insufficiently enclosed water-closet compartment, which also had a heap of refuse close by.

2. A basement used for storage of car spares. This basement had a water-closet situated in the middle of the floor with only a Victorian type of changing screen for privacy.

Needless to say, both sets of premises now fully comply with the requirements of the Act.

Section 22 Procedure

No cases had to be entered in Court in terms of Section 22 of the Act, but in some instances the Section was used for the purpose of the control of unsatisfactory lifts. In other cases, the owner or occupier was advised that as the necessary repairs to the lift had not been completed within the period of time stated in the F54, if the lift was continued in use, legal action would be instigated in the Sheriff Court in terms of Section 22. It is not intended to infer that no dangerous or unhealthy practices or conditions were found. In many premises unguarded machines have been found. On this being brought to the owner's or occupier's attention, the conditions received prompt attention as borne out in reports on follow-up visits. I would, point out that in some cases the contraventions were directly due to action by the operators. Cases in point are :—

1. Do-it-yourself shops where guards on circular saws were removed to avoid the inconvenience of adjustment ; and

2. Gravity Feed food slicing machines where the guards were removed by the operators.

Although prompt action was taken, one feels that after the immediate follow-up visits are made, the practices may revert due to pure negligence on the part of the operators. This indicates a need for greater educational efforts by the management.

Accidents

Accident rates fluctuate from time to time and while some areas of Glasgow show increases, other areas report decreases.

There was one fatal accident which involved a moving vehicle. The manager of a Cash and Carry Warehouse was guiding the driver of a large articulated truck into a passageway between palettised goods. For some unknown reason, as the truck neared the limit of the passageway, the manager moved to the back of the lorry. As the driver could no longer hear the instructions the vehicle kept moving and the manager was crushed to death. This highlights the absolute rule that all vehicles should be guided from the front where the driver can both hear and see the person giving him instructions.

Another accident of note concerned the underside edge of a metal racking structure in a warehouse. The injured person received a serious scalp wound and, on investigation, it was found that the metal edge was so sharp a pencil could be sharpened readily on it. As this metal racking was manufactured on a country-wide scale, a report to the H.M. Inspector of Factories resulted in alterations to these structures in the place of manufacture in other parts of Scotland and in England.

Hoists and Lifts

Regular and careful inspections are carried out in connection with Hoists and Lifts. Form F54 is carefully examined and where notification of defects is made to this Department by the examining Competent Person in terms of the Act, the follow-up visits are made without delay. This had the effect of ensuring that in 17 cases of faulty lift equipment, these lifts were put out of action until such time as the necessary repairs had been effected.

It is worth noting that hotels and catering establishments appear to be the worst offenders in not having Form F54 readily available. Action taken by the inspectors has ensured that the proper forms are kept on the premises and can be inspected without delay.

One point of great interest arose in the Eastern Division of the City. A report on Form F54 was received in respect of a Wodsworth Hook Hoist of 5 cwts. capacity, to the effect that the ropes were defective, but this appliance is outwith the scope of the Act. The question arises—if the Regulations do not apply to a particular piece of machinery such as this, can the Act be used to enforce renewal of the ropes?

No doubt, in this instance, Section 22 could be invoked to put down dangerous practices thereby prohibiting the use of the appliance.

Table XVII

Offices, Shops and Railway Premises Act, 1963

Division	Number of Premises Registered During 1972						Number of Premises Inspected											
	Offices	Retail Shops	W'sale Shops and W'houses	Catering and Canteens	Fuel Stores	Total Number Registered	Offices		Shops		W'sale Shops and W'houses		Catering and Canteens		Fuel	Stores	Total Number	
							*G.I.	*O.V.	G.I.	O.V.	G.I.	O.V.	G.I.	O.V.	G.I.	O.V.	G.I.	O.V.
Central ...	554	150	22	50	—	776	1,155	905	410	600	33	73	79	150	—	—	1,677	1,728
Northern ...	12	31	4	12	—	59	11	42	58	543	—	21	10	331	—	—	79	936
Eastern ...	31	53	7	6	—	97	31	115	49	538	14	90	15	115	—	1	109	859
South-Eastern	41	137	16	19	—	213	40	211	145	1,277	21	78	20	189	—	—	226	1,755
South-Western	14	20	4	1	—	39	169	621	478	2,801	39	469	50	573	—	—	736	4,464
Total ...	652	391	53	88	—	1,184	1,406	1,894	1,140	5,759	107	731	174	1,358	—	1	2,827	9,742

G.I.—General Inspections O.V.—Other Visits.

Table XVIII

Offices, Shops and Railway Premises Act, 1963 — Accidents (as Defined) Notifications

Division	Division	Shops	Wholesale Shops and Warehouses	Catering Establishments	Canteens	Fuel Stores	Total
Central	34	69	18	8	—	—	129
Northern ...	4	4	2	1	—	—	11
Eastern	3	6	9	—	1	—	19
South-Eastern ...	7	8	7	—	1	—	23
South-Western ...	1	7	7	—	—	—	15
Total ...	49	94	43	9	2	—	197

Table XIX

Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968

Division	No. of F.54 Notifications	No. of Lifts Registered	No. of Contraventions Found	No. of Contraventions Removed
Central	54	49	89	62
Northern ...	2	16	12	4
Eastern	1	1	17	1
South Eastern ...	4	42	8	5
South Western	1	109	16	36
Total ...	62	217	142	108

Table XX

Offices, Shops and Railway Premises Act, 1963

City Return. Contraventions Found During 1972 All Divisions

Division	Offices	Shops (Retail)	Wholesale Shops and W'houses	Catering Estab. Open to Public	Canteens	Fuel Stores	Common Parts	Grand Total
Central ...	7,050	3,114	215	970	—	—	938	12,287
Northern ...	122	352	20	53	—	—	—	547
Eastern ...	69	307	52	29	—	—	—	457
South-Eastern	251	1,234	130	117	—	—	12	1,744
South-Western	349	1,018	89	111	—	—	—	1,567
Total ...	7,841	6,025	506	1,280	—	—	950	16,602

Table XXI

Offices, Shops and Railway Premises Act, 1963

City Return. Contraventions Remedied During 1972 All Divisions

Division	Offices	Shops (Retail)	Wholesale Shops and W'houses	Catering Estab. Open to Public	Canteens	Fuel Stores	Common Parts	Grand Total
Central ...	135	134	—	72	—	—	—	341
Northern ...	112	331	19	165	—	15	—	642
Eastern ...	80	275	42	28	—	—	—	425
South-Eastern	192	736	108	107	—	—	7	1,150
South-Western	393	1,440	108	181	6	1	—	2,129
Total	912	2,916	277	553	6	16	7	4,687

Table XXII

Hoists and Lifts Regulations, 1968

City Return. Contraventions Found During 1972 All Divisions

Division	Passenger Automatic	Passenger Attendant	Goods Automatic	Goods Attendant	Dumb Waiter	Others	Grand Total
Central ...	27	21	30	2	9	—	89
Northern ...	—	—	6	—	7	—	13
Eastern ...	—	—	17	—	—	—	17
South-Eastern	—	—	3	—	5	—	8
South-Western	—	—	9	7	—	—	16
Total ...	27	21	65	9	21	—	143

Table XXIII

Hoists and Lifts Regulations, 1968

City Return. Contraventions Remedied during 1972 All Divisions

Division	Passenger Automatic	Passenger Attendant	Goods Automatic	Goods Attendant	Dumb Waiter	Others	Grand Total
Central ...	29	10	10	5	8	—	62
Northern ...	—	—	—	—	4	—	4
Eastern ...	—	—	1	—	—	—	1
South-Eastern	—	—	—	—	—	—	—
South-Western	4	—	20	12	—	—	36
Total ...	33	10	31	17	12	—	103

Food Hygiene (Scotland) Regulations, 1959-66

In the five Divisions of the City there are some 6,273 premises which come under the jurisdiction of the Regulations. This includes

the food premises such as multiples, dairies, ice-cream shops, etc. which are inspected by staff in the Food Section of the Department.

There was a considerable increase in the number of general inspections in food premises during the year although it is still not possible to have at least one inspection to each food premises carried out each year.

Much background work is done by inspectors in this field by undertaking lectures to various organisations.

The following table indicates the position in the City of premises which come under the Regulations.

Table XXIV

Food Hygiene

Division	No. of Premises in Division	No. of Premises Inspected	No. of Visits
Central	1,129	573	1,399
Northern	416	149	554
Eastern	890	98	289
South-Eastern ...	406	198	380
South-Western ...	406	478	1,128
Food	3,021	755	3,474
Port	5	5	25
Total	6,273	2,256	7,249

Table XXV

Factories Act, 1961

The slight decrease in the number of factories over the past few years continued. There was nothing to report of note during the year although almost every factory was inspected. In addition to the initial inspections 4,371 follow-up visits were made.

	Number of Premises Registered at 31.12.72				Number of Inspections			
Division	Mech. Factories	Non-Mech. Factories	Building Operations or Works of Engineering Construction	Total	Mech. Factories	Non-Mech. Factories	Building Operations or Works of Engineering Construction	Total
Central	893	25	36	954	833	25	36	894
Northern ...	304	11	36	351	304	11	36	351
Eastern ...	451	32	1	484	483	31	5	519
South-Eastern	451	123	2	576	685	156	2	843
South-Western	408	13	12	433	407	12	15	434
Food Section ...	56	—	—	56	29	—	—	29
Port Section ...	18	1	—	19	42	3	—	45
	2,581	205	87	2,873	2,783	238	94	3,115

Drainage

Consultations regarding drainage schemes totalled 3,545, an increase of 1,244 from the previous year. A good part of the time is spent in consultation with Architects and tradesmen on various schemes. On completion of the work inspectors test the various installations to ensure that they are satisfactory.

Rag, Flock and Other Fillings Materials Act, 1951

There was little change in the number of Registered and Licensed Premises in the City during the year and nothing in particular to report.

Table XXVI

	Registered Premises	Licensed Premises	No. of Premises Inspected	No. of Visits
Central	2	—	2	2
Northern ...	3	—	3	4
Eastern	8	1	9	14
South-Eastern ...	10	—	10	12
South-Western	17	—	17	33
Total	40	1	41	65

Noise Abatement

The number of complaints of noise received in the Department during the year dropped by thirteen over the previous year.

The main source of complaint is from industrial and commercial premises and these are quickly investigated. It is anticipated that noise legislation will be strengthened in the foreseeable future as a result of a Working Party Report on "Neighbourhood Noise".

Table XXVII

	Industrial	Commercial	Dwelling Houses	Others
Central	12	8	2	—
Northern ...	5	1	1	1
Eastern	4	3	—	—
South-Eastern ...	4	1	—	2
South-Western	4	5	2	3
Total	29	18	5	6

Brokers' Premises

During the year applications are received from the Police Registrar to inspect premises and report to him whether or not the licence should be granted.

There are some 74 premises registered in the City and are distributed in the various Divisions as follows :—

Table XXVIII

Division	Total Number Registered
Central	21
Northern	10
Eastern	28
South-Eastern	10
South-Western	5
Total	74

Caravans—Residential Sites

There are thirteen sites in the City which are licensed to take caravans. These are mainly small in area and are contained within three divisions of the City.

Table XXIX

Division	No. of Sites	No. of Caravans for each Site Licensed	No. of Inspections
Central	—	—	—
Northern	4	65	15
Eastern	6	17	10
South-Eastern	3	8	8
South-Western ...	—	—	—
Total	13	90	33

Travelling People—Winter Sites

For a period of six months, October to March, Showmen occupy these sites generally in connection with the Annual Carnival in the Kelvin Hall. Great difficulty is experienced by the showmen in obtaining sites for this yearly occasion. Exemption from licence is given to showmen or travelling people who do not occupy a site outwith the permitted period. These sites are regularly visited by inspectors.

Table XXX

Division	No. of Winter Sites	No. of Caravans
Central	5	99
Northern	3	100
Eastern	5	87
South-Eastern	—	—
South-Western ...	2	—
Total	15	286

Swimming Baths

The range of duties carried out by the staff is extensive and in the interests of public health all Public, Private and School and College Swimming Baths are visited and samples of water taken at regular intervals.

Table XXXI

SWIMMING BATHS

Division	No. of Public Swimming Baths	No. of Samples Chemical Analysis	No. of Samples Bacterio-logical Examination	No. of Pools Attached to Schools and Colleges	No. of Samples Chemical Analysis	No. of Samples Bacterio-logical Examination	No. of Private Pools	No. of Samples Chemical Analysis	No. of Samples Bacterio-logical Examination
Central	3	—	37	10	—	70	3	—	24
Northern ...	6	—	60	9	—	121	—	—	—
Eastern ...	3	35	35	6	68	68	1	11	11
South-Eastern ...	3	84	84	10	120	120	—	—	—
South-Western	4	—	35	6	—	55	—	—	—
Total ...	19	119	251	41	188	434	4	11	35

Aged and Infirm Persons

During the year arrangements were made by staff to have 299 houses cleaned which were occupied by Aged and Infirm Persons. Information in this respect is received principally from Geriatric Nurses and Social Workers and action taken accordingly.

Deposit of Poisonous Waste Act, 1972

This Act received Royal Assent on 30th March, 1972 although the actual commencement was not until the autumn of the year.

The Act has two main features :—

(1) It makes it an offence to deposit on land any poisonous, noxious or polluting waste in circumstances which can give rise to an environmental hazard ; and

(2) The Act introduces a notification procedure under which those concerned are required to give local authorities and River Authorities information about the nature and quantities of certain wastes arising or being deposited in their areas.

The outcome of the legislation has had the desired effect of curbing abuses and in so doing has channelled the deposit of wastes to certain tips where control is exercised. In Glasgow very few tips exist to take such waste principally because of the environmental hazard.

Notice of Intention to remove and deposit waste from procedures often indicate that they wish to use the "Season Ticket" arrangement whereby tipping can be carried out over a period not exceeding three months without recourse to further notifications. Since most waste is deposited outwith the City in acknowledgement of the Notice of Intention it is alway pointed out that permission should be received from the Authority receiving the waste.

One drawback has been the failure of Tip operators to notify the responsible Authorities of the deposit. Reminder letters have been sent which has produced results but not one hundred per cent. On further investigation the tip operator often reports that the deposit of waste did not in fact take place: as a result the figures for "Waste Produced" and "Waste Deposited" do not correspond.

Table XXXII

Deposit of Poisonous Waste Act, 1972

Number of Notifications Received

	August	September	October	November	December	Total
Waste Produced	11 Notifications	18 Notifications	18 Notifications	17 Notifications	12 Notifications	76 Notifications
	10,200 Galls.	18,015 Galls.	460,200 Galls	70,500 Galls.	67,930 Galls.	626,845 Galls.
	408 cu. yds.	579 cu. yds.	1,061 cu. yds.	1,246 cu. yds.	1,454 cu. yds.	4,748 cu. yds.
		240 tons	500 tons	507 tons	609 tons	1,856 tons
Waste Deposited	9,100 Galls.	17,123 Galls.	440,200 Gals.	65,480 Galls.	65,230 Galls.	597,133 Galls.
	300 cu. yds.	512 cu. yds.	965 cu. yds.	1,122 cu. yds.	1,340 cu. yds.	4,239 cu. yds.
		240 tons	500 tons	484 tons	509 tons	1,733 tons

Volume of Waste

	August	September	October	November	December	Total
Semi-Solid	288 cu. yds.	459 cu. yds.	941 cu. yds.	1,126 cu. yds.	1,334 cu. yds.	4,148 cu. yds.
		240 tons	500 tons	507 tons	609 tons	1,856 tons
Liquid	120 cu. yds.	120 cu. yds.	120 cu. yds.	120 cu. yds.	120 cu. yds.	600 cu. yds.
	10,000 Gals.	18,015 Gals.	460,200 Gals.	70,500 Gals.	67,930 Gals.	626,845 Gals.

Quantity Disposed

	August	September	October	November	December	Total
Within L.A. Area	—	—	1 ton	—	52 tons	53 tons
Outside L.A. Area	408 cu. yds.	579 cu. yds.	1,061 cu. yds.	1,246 cu. yds.	1,454 cu. yds.	4,748 cu. yds.
	10,250 Galls.	18,015 Galls.	460,200 Galls.	70, 500 Galls.	67,930 Galls.	626,845 Galls.
		240 tons	499 tons	507 tons	557 tons	1,803 tons

Number of Season Tickets issued within 5 months period.

Tips within City 5
Tips outwith City 42.

Average Duration of Season Tickets—3 months.

Number of available disposal points with L.A. Area—9.

Number considered satisfactory—1.

FOOD

SUMMARY OF OPERATIONS UNDER THE FOOD AND DRUGS (SCOTLAND) ACT, 1956, THE MILK AND DAIRIES ACTS AND ALLIED ACTS, ORDERS AND REGULATIONS, FOR THE YEAR ENDING 31st DECEMBER, 1972

The Imported Food (Scotland) Regulations, 1968

The national dock strike during the summer severely affected the number of containers arriving at the various depots in the City, resulting in a decrease of 363 from last year, giving a total of 1,991 and these contained a wide variety of foodstuffs. The close liaison between the inspectorate and the receiving depots has enabled the Department to check on many containers which are arriving in the City without notification from the Port of entry.

The Public Analyst examined 838 samples of which 53 gave adverse reports—17 samples of flour showed minor deficiencies in chalk, 23 showed errors in labelling, 12 canned meats showed the presence of non-permitted preservatives and one butter showed excess of moisture.

All adverse reports were notified to the manufacturers' agents in this country.

The City Bacteriologist examined 116 samples from which no adverse report was received.

The Food and Drugs (Scotland) Act, 1956

Inspection of Food and Food Premises

Ten thousand, nine hundred and thirty-seven visits were paid to food premises, including market, stores, wholesale and retail premises where food is prepared and distributed, during which 1,646 lots of food were examined, resulting in the issuing by the inspectorate of 5,770 Certificates of Condemnation for 293 tons, 7 cwt., 96 lb. of foodstuff unfit for human consumption, being 35 tons, 14 cwt,. 18 lb. more than last year.

The Food and Drugs (Scotland) Act, 1956

Complaints of Suspected Food and Unhygienic Conditions

There was a sharp rise in the number of complaints received by the Department, caused possibly by the increase in coverage being given by the press, radio and television. The number of complaints dealt with was 753 as against 536 last year and these involved the inspectorate in a total of 897 visits. Once again we were grateful for the assistance of the City Analyst and the City Bacteriologist in ascertaining the nature and substance of the extraneous matter contaminating the foodstuffs.

The following list indicates the nature of complaints received by the Department :—

Extraneous matter in food
Poor hygiene in shops
Moulds in foodstuffs
Insects, etc. in foodstuffs
Unsound foodstuffs
Unusual taste, smell and discolouration in food
Suspected food poisoning
Adulterated spirits
Out-of-date foodstuffs
Dirty bottles, containers, etc.
Offensive smells from foodshops

All complaints are fully investigated at point of sale and manufacturers contacted and complainers informed of action taken.

The Sausage and Other Meat Product (Scotland) Regulations, 1967

The sampling of sausages and other meat products for meat content was continued this year and two hundred and fifteen samples were submitted to the City Analyst—131 beef, 66 port and 18 various. Four beef sausages, fifteen pork sausages, one Frankfurter and one scotch pie were found to be deficient in meat content. Letters of advice indicating the amount of deficiency were sent to those concerned. Two formal samples of beef sausages, deficient in meat content, were reported to the Procurator-Fiscal — both respondents pled guilty and were fined a total of £25.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956

TABLE SHOWING NATURE AND NUMBER OF TOTAL SAMPLES PROCURED AND EXAMINED DURING 1972

Article	Informal		Formal	
	Number Taken	Number Non-Genuine	Number Taken	Number Non-Genuine
Baking Powder, Golden Raising Powder	4	—	3	—
Bread	—	—	—	—
Butter	23	3	9	—
Cheese (including spreads and processed cheese)	15	—	8	2
Coffee (including essences and mixtures)	—	—	5	—
Cream (including single, double and sterilised)	257	79	8	4
Dried and Preserved Fruit	15	—	18	—
Fish Cakes	4	—	2	—
Fish Pastes and Spreads	6	—	7	1
Flour and Self-Raising	—	—	5	—
Flour Mixtures (cake, pudding, sponge mixtures and cake flour)	25	—	9	—
Fruit Conserves (e.g., tinned and bottled fruit)	42	6	9	—
Gelatine	1	—	1	—
Ice Cream	229	9	9	1
Ice Lollies	—	—	—	—
Jams, Jellies and Fruit Curds	15	—	16	—
Margarine	1	—	2	—
Meat Pies, Pastries and Sausage Rolls	4	—	1	—
Meat Pastes and Spread (chopped and potted)	18	—	13	4
Milk (excluding dried, condensed, evaporated and flavoured, etc., milk)	1,429	15	307	—
Milk (condensed and dried)	14	—	4	1
Mince	14	2	93	33
Saccharin	1	—	—	—
Salad Cream and Mayonnaise	5	—	3	—
Sausage and Sausage Meat	215	45	82	16
Soft Drinks (excluding fruit juices)	20	—	3	—
Spices and Condiments	65	1	36	1
Spirits	8	1	23	3
Suet	—	—	3	1
Sugar and Confectionery	17	—	4	—
Synthetic Cream	—	—	—	—
Table Jellies	25	—	6	—
Tomato Ketchup and Sauces	1	—	3	—
Other Articles (including all articles not named above)	602	26	248	28
	3,075	187	940	95

The Milk and Dairies (Scotland) Act, 1914

The Milk (Special Designations) Act, 1949 and

The Milk (Special Designations) (Scotland) Order, 1965-66

There are now 1,670 premises on the dairy register compared with 1,758 last year. This figure includes 10 producers, 6 creameries, 11 retailers holding supplementary licences and 1,643 retailers.

The average number of cows kept over the year was 324 although there is accommodation for 632 in the ten remaining farms. Visits of inspection and sampling numbered 148.

The number of visits of inspection paid to dairy premises totalled 4,190 when hygienic conditions were noted and intimations under the Hygiene Regulations issued where necessary.

Formal and informal samples amounted to 1,731. The average fat and solids-not-fat were 3·73 and 8·84 per cent respectively. Designated milk samples examined during the year totalled 1,424.

The *Ultra High Temperature* milk plant continued to operate satisfactorily. Sixty-eight samples were taken as against 42 the previous year and all were reported as genuine. The average content was 3·68 per cent fat and 8·80 per cent solids-not-fat. Small quantities are still being exported to the Middle East countries.

No *Sterilised Milk* is processed in the City and none was received.

Standard Milk—Sixty-eight samples were obtained and examined and gave readings of 4·32 and 8·99 per cent respectively.

Pasteurised Milk—The average fat content was 3·62 per cent and solids-not-fat 8·81 per cent. These figures compare favourably with those of previous years.

Milk Supplied to the Hospitals and the Regional Hospital Board

This service to the Board was continued. The results are as shown below.

	Examined	Failed
" Premium "	—	—
" Standard "	—	—
" Pasteurised "	258	29
	258	29

Last year a total of 35 samples failed out of a total of 270.

Milk for School Children—Pasteurised milk only is supplied to the City Schools and at last year by four contractors. Eighty-four samples were examined in terms of the Milk (Special Designations) Order. Four failed the coliform test while eight samples were subjected to the biological test—all gave negative results. The quality was maintained, the average fat content was 3·78 per cent and solids-not-fat 8·94 per cent. These figures show a slight improvement on last year. The total consumption for the year was 494,681 gallons.

Milk Dispensing Machines—Regular sampling continues in this field and during the year 106 samples were examined of which 29 or 27·35 per cent, failed the coliform test prescribed in the Order for Pasteurised milk. The results show an approximate 10 per cent improvement in the results of last year.

The Cream (Scotland) Regulations, 1970

There were 477 samples of dairy cream examined bacteriologically during the year and 110 of these were considered unsatisfactory because of high count (over 50,000 per gram) and/or the presence of coliform organisms. In addition, 258 were examined in terms of the Regulation; 26 failed to conform because of minor deficiencies of fat. The figure of 258 is greater than last year while the failures are correspondingly higher. Results of unsatisfactory samples were notified by letter to the dairymen concerned.

Cleansing of Milk Bottles and Cans

One hundred and seventy-four washed bottles and 54 cans from distributors of milk in the City were taken for bacteriological examination —only 30 bottles and 7 cans failed to pass the test. All adverse reports were reported to the distributors concerned, followed by inspection and resampling.

The Ice Cream (Scotland) Regulations, 1948

The Ice Cream (Scotland) Amendment) Regulations, 1948 *to* 1961

Registered ice cream dealers on the register now number 235 while 463 Certificates of Registration are held in respect of vehicles.

Certificates of Authorisation issued and recorded during the year numbered 280 being 24 more than last year.

Inspections were made of 1,389 vehicles and during the summer months the exercise of inspecting ice cream vehicles and other street

trading vehicles on Sunday afternoons was continued. Traders whose vehicles did not conform to the requirements were warned that action would be taken under the Food Hygiene Regulations if conditions did not improve and in some instances legal proceedings were instituted.

Two hundred and seventy-nine samples were obtained, of which 174 or 62·36 per cent were satisfactory, compared with 199 or 66·03 per cent last year, while 105 (37·63 per cent) samples failed in count or coliform. Of the 279 informal samples taken 223 were subjected to both chemical and bacteriological examination, while 56 were sent for bacteriological examination only. Of 223 samples, only eight (2·79 per cent) failed to comply with the legal chemical standard.

Samples which failed either of the tests were followed up with advice and repeat samples invariably complied. Failure of one formal sample to meet the required standard resulted in the matter being reported to the Fiscal.

Cleansing of Returnable Bottles other than Milk Bottles

Samples of washed bottles from beer and mineral-water bottlers and manufacturers were submitted for bacteriological examination during the year. Of the 55 bottles submitted, 45 of them fulfilled the requirements, which is a standard recommended by the Home and Health Department.

The Colouring Matter in Food (Scotland) Regulations, 1966

On 148 occasions colouring matter was found in different types of foodstuffs. The following table shows the various types of permitted colours found—

Colour	Occasions on which colour was found 1971	1972	Colour	Occasions on which colour was found 1971	1972
Ponceau MX ...	3	2	Tartrazine	41	43
Ponceau 4R ...	7	7	Yellow 2G	1	2
Carmoisine ...	3	5	Sunset Yellow FCF	13	10
Amaranth ...	21	22	Oil Yellow XF ...	—	—
Red 10B ...	—	—	Green S	6	4
Erythrosine BS	34	34	Blue VRS	—	—
Red 2G ...	2	1	Indigo Carmine ...	1	3
Red 6B ...	—	—	Violet BNP ...	—	—
Red FB	—	—	Brown FK	1	1
Ponceau SX ...	—	—	Chocolate Brown FB	—	—
Fast Red E ...	1	—	Chocolate Brown HT	—	—
Orange G ...	1	1	Black PN	—	—
Orange RN ...	12	12	Black 7964 ...	—	—
Oil Yellow GG	—	—	Red 10B	—	1

Prohibited colour was detected in two instances, resulting in stock of Mango Chutney being destroyed and a consignment of Bubble Gum being released, but manufacturers warned that any further consignment would be rejected.

Bye-laws for Regulating Street Trading

During the year, 3,677 visits and inspections were carried out in respect of vehicles and storage accommodation and amended instructions regarding type of vehicle were issued on the renewal of permits in an effort to improve the standard, bearing in mind the requirements of the Food Hygiene Regulations. Special inspections were made of vehicles trading in the vicinity of football grounds and this resulted in numerous complaints being reported to the Fiscal. Many of the traders prosecuted, however, came from the North of England and their non-appearance in Court resulted in many of the cases being deserted.

Food Hygiene (Scotland) Regulations, 1959-66

Due to pressure of work during the last few years food premises under our control were not visited as regularly as necessary, resulting in a deterioration in the standard of food hygiene. Introduction of overtime for staff to cope with clerical work involved in reports enabled the inspectorate to carry out 4,231 inspections during which contraventions, both structural and non-structural, were noted. This necessitated the issuing of numerous intimations listing 2,362 contraventions of the Regulations.

Statutory notices were also issued for fifteen structural contraventions. During the year 42 cases were reported to the Fiscal, 24 being successful and fines amounting to £482 imposed, one case was found not proven, one admonished and 16 no action.

The Labelling of Food Orders, 1953-61 *and*

The Food and Drugs (Scotland) Act, 1956, *Section* 6

A regular check was made on all samples of prepacked goods submitted to the City Analyst for misleading descriptions and infringements of the above legislation. Due to the Labelling of Food (Scotland) Regulations, 1970 coming into operation at the beginning of 1973, many enquiries were made from manufacturers, packers and printers seeking

advice on the proper labelling of a large range of commodities. Many sample labels and cartons were submitted and opinion expressed.

The following list is an example of the discrepancies found—

1. Various canned fruit salads with improper listing of ingredients.
2. Canned creams not labelled with the appropriate designation.
3. Canned meats deficient in meat content.
4. Cheese containing fat other than milk fat.
5. Pâté de Foie deficient in meat content.
6. Canned meat containing non-permitted preservative.
7. Blackcurrant Juice deficient in vitamin C.
8. Parsley Sauce Mix with improper listing of ingredients.

Public Health (Meat) Regulations (Scotland) 1932, *Section* 15

Six certificates of approval, two less than last year, were granted in respect of storage accommodation and 82 certified copies of these certificates, 7 more than last year, were issued for vehicles operating from these premises.

Imitation Cream

Food and Drugs (Scotland) Act, 1956, *Section* 6

The number of samples taken was 45 compared with 52 last year. Thirty-three, or 73·33 per cent, were satisfactory. These figures are based on the same standard as recommended for ice cream, namely, 50,000 colonies per gram.

Notices of unsatisfactory results were sent to bakers from whom such samples were obtained.

Egg—The Liquid Egg (Pasteurised) (Scotland) Regulations, 1963.

The one breaking-out plant in the City continues to operate satisfactorily, the 24 samples taken being reported "No Salmonella isolated" and conforming to the Amylase test.

A consignment of 22 cartons of Egg Albumin which arrived in the City from a container depot was re-exported to the U.S.A. after samples submitted to the City Bacteriologist showed the presence of Salmonella.

Special Sanitary Operations

(a) *Food and Drugs, etc.*

	1966	1967	1968	1969	1970	1971	1927
1. *Dairies*—							
Registered during year ...	270	175	209	173	176	227	133
Removed from Register ...	307	166	148	196	225	252	221
On Register at 31st December	1,751	1,758	1,829	1,794	1,759	1,758	1,670
Number of Inspections ...	6,123	5,132	5,346	5,052	4,664	5,531	4,190
Contravention of Orders, Acts and Byelaws	13	5	—	—	—	—	—
Prosecutions for same ...	13	2	—	—	—	—	—
Repairs or Improvements effected	—	—	—	—	—	—	—
2. *Dealers in Ice-Cream*—							
Registered during year :							
Premises	17	11	9	12	11	11	18
Vehicles	80	58	49	89	67	66	101
Removed from Register :							
Premises	39	36	11	25	45	48	45
Vehicles	67	41	45	54	78	63	67
On Register at 31st Dec. :							
Premises	368	343	341	327	293	262	235
Vehicles	390	407	411	448	437	429	463
Number of Inspections ...	1,983	1,940	2,063	1,816	1,837	1,719	1,389
Contravention of Acts, Orders or Byelaws	70	37	40	—	—	—	—
Prosecutions for same ...	4	—	—	—	—	—	—
Repairs or Improvements effected	70	37	40	—	—	—	—
3. *Byres for Milch Cows*—							
Number of Dairy Byres as at 31st December	31	29	29	29	24	24	17
Number of Cows Licensed for	969	937	937	937	833	733	632
Average Number kept ...	733	783	721	670	421	423	324
Number of Inspections ...	251	251	248	216	183	153	148
4. *Unwholesome Food*—							
Number of Inspections ...	9,494	9,558	9,391	10,321	10,142	10,290	10,937
Number of Lots dealt with ...	2,115	2,089	1,946	1,872	1,805	1,620	1,646
Nature of Food destroyed at Inspector's instance with Owner's consent	Tons 188	Tons 230	Tons 227	Tons 172	Tons 335	Tons 257	Tons 293
Assorted Foodstuffs	Cwts. 13	Cwts. 4	Cwts. —	Cwts. 5	Cwts. 19	Cwts. 13	Cwt. 7
	Lbs. 32	Lbs. 110¼	Lbs. 110	Lbs. 30½	Lbs. 8	Lbs. 78	Lb 96

Special Sanitary Operations—*Continued*

5. *Food and Drugs (Scotland) Act*—

Informal Samples analysed ...	3,536	3,474	3,416	3,218	3,079	2,724	3,075
Statutory Samples analysed	1,349	1,304	1,233	1,134	1,036	924	940
Statutory Samples found non-genuine	33	47	35	26	32	26	95
Proceedings instituted ...	22	37	24	19	30	15	58
Number of Convictions ...	22	37	24	18	30	15	46
Amounts of Fines imposed ...	£120	£185	£152	£115	£225	£84	£472
Number dismissed or found "Not Guilty"	—	—	—	1	—	—	1
Number Deserted Simpliciter	—	—	—	—	—	—	—
Number No Action	—	—	—	1	2	13	6
Number Dismissed	—	—	—	—	—	—	—
Number Admonished	—	2	—	—	2	—	—
Number Acquitted	—	—	—	—	—	—	—

Abstract of Court Proceedings

Adulterated Samples and Contraventions During 1972

No. of Complaints	Nature of Complaints and Alleged Offence	No. of Convictions	Amount of Fines Imposed	Number Admonished	Number Deserted	No Action
	Food and Drugs (Scotland) Act, 1956					
26	*Mince*— Contained preservative during prescribed period	26	£220	—	—	—
6	*Mince*— Contained added cereal	6	£55	—	—	—
10	*Sausage*— Contained an excess of preservative	8	£77	1	—	1
3	*Sausage*— Deficient in meat content	3	£75	—	—	1
1	*Bacardi*— Deficient in Proof Spirit	—	—	—	—	—
2	*Canned Beans and Pork Sausage*— Deficient in Meat content	—	—	—	—	2
1	*Canned Pork Sausage*— Non-permitted preservative	—	—	—	—	1
1	*Canned Boned Chicken*— Containing bandage ...	—	—	—	—	1
1	*Tomatoes*— Falsely labelled	1	£10	—	—	—
2	*Unsound Food*— Stored for retail... ...	2	£35	—	—	—
53		46	£472	1	—	6
	The Food (Preparation and Distribution of Meat) (Scotland) Regulations 1963					
2	Using vehicle other than meat compartment of meat container for transporting meat	2	£40	—	—	—
2		2	£40	—	—	—

ABSTRACT OF COURT PROCEEDINGS—*Continued*

No. of Complaints	Nature of Complaints and Alleged Offence	No. of Convictions	Amount of Fines Imposed	Number Admonished	Number Deserted	No Action
	Food Hygiene (Scotland) Regulations, 1959/66					
1	Structural Contraventions	1	£35	—	—	—
42	Non-Structural Contraventions	23	£482	1	—	1 Not proven 11 No action 6 Warrant granted
—		—	—	—	—	—
43		24	£517	1	—	18
	Milk and Dairies (Scotland) Act, 1914					
4	Carrying on business of dairyman without Registration	3	£13	1	—	—
—		—	—	—	—	—
4		3	£13	1	—	—
	Glasgow Corporation Order Confirmation Act, 1963 *Section* 3					
11	Keeping live poultry without obtaining a Licence	11	£109	—	—	—
—		—	—	—	—	—
11		11	£109	—	—	—
113	*Grand Total*—	86	£1,151	3	—	24

PORT HEALTH AUTHORITY

A standard form of "Pratique" is now in use for granting "written pratique", either by an Officer of H.M. Customs Waterguard or the Port Health Inspector, whichever shall first board the vessel on arrival in the dock areas.

There was a decrease in the tonnage of imported foodstuffs passing through the port, but that was to be expected by the increase in container traffic developing in countries overseas.

An unusual shipment of pharmaceutical products arrived from Hong Kong. The consignment consisted of three large packing cases containing numerous preparations for all kinds of ailments. The consignees, a Chinese emporium, were unable to produce an import licence for this consignment and, in any case, the various items did not comply with the requirements of the Pharmacy and Medicines Act, 1941 and were therefore refused entry.

The consignment was returned to the country of origin.

Approximately 1,472 vessels, with an aggregate tonnage of 2,942,967 entered the port.

Eight hundred and sixty-six ships arrived from foreign ports, 380 of them from ports in infected areas (142 direct and 238 via home ports). The remaining 486 ships came from foreign ports in non-infected areas.

The Public Health (Ships) (Scotland) Regulations, 1971

No quarantinable diseases were reported on ships arriving at the Port of Glasgow during the year, and only a few minor illnesses were reported.

A list of infected areas is prepared weekly from the World Health Organisation Epidemiological Record, and copies distributed to all officials involved with Sea and Airport duties.

Cases of Illness Reported on Ships on Arrival at Glasgow

Disease	Hospital	Home	Clinic	Remained on Board	Died	Total
Chickenpox ...	—	—	—	1	—	1
Food Poisoning ...	—	—	—	22	—	22
Gastro Enteritis ...	1	—	—	—	—	1
Infective Hepatitis	2	—	—	—	—	2
Leprosy	1	—	—	—	—	1
Paratyphoid B ...	3	—	—	6	—	9
Pneumonia ...	—	—	—	1	—	1
Tuberculosis ...	1	—	—	—	—	1
Venereal Disease	—	—	2	—	—	2
Others	1	1	—	1	—	3
	9	1	2	31	—	43

An urgent call, at a late hour, was received from the Duty Officer of H.M.S. *Argonaut* for medical assistance in dealing with a sudden outbreak of suspected food poisoning.

Apparently no medical assistance was available at the naval base and the call was put through to our Public Health bar.

The duty Port Medical Officer and Inspector boarded the vessel and prescribed treatment with medication available in the sick bay.

Investigation as to the source of infection was made in respect of meals consumed during the past twelve hours. Unfortunately, there were no left-overs of the food eaten.

Sample outfits were left to be obtained from the 22 ratings involved in the outbreak.

Water samples were also drawn and submitted to the City Analyst and Bacteriologist.

All these samples proved negative, except the one from the cook which proved positive for Salmonella "Havana". The cook was removed to hospital as he had a throat infection which proved to be a staph. aureus infection. Within a day or two all personnel had recovered. The cook was classified as a carrier and on discharge from hospital he was relieved from all catering duties.

All information on this outbreak was passed to the Naval Health Office at Plymouth.

A suspected outbreak of Paratyphoid B illness was reported on the M.V. *White River*. Three Italian seamen were removed to hospital and one of them was later confirmed to be a Paratyphoid B case.

Faecal samples from the 33 persons remaining on board (including the Captain's wife and three children) revealed Salmonella Paratyphoid, B, Typhimurium, Agona, Virchow and Enteritidis, as well as one or two Flexner 2A dysentery, were recorded.

Various food samples were obtained and tested with smears from slicing and mincing machines, but these all proved negative. Water samples were drawn and these were all reported as negative. Blood samples from the cook and pantry boy were also proved negative.

The ship was due to sail to Spain and all relevant information was later notified to the local agents who would pass our report to the Shipping Company concerned.

WATER SUPPLY

Several pipelines supplying water for domestic purposes in dock areas were reported to contain an excess amount of iron. The Clyde Port Authority were notified and arrangements were made to "flush-out" and "scour" the pipelines concerned. The subsequent samples of water from the hydrants were reported satisfactory for dietetic purposes.

(*a*) *Chemical*

Twenty-one samples, 14 from ships and 7 from dock hydrants, were submitted to the City Analyst.

One sample drawn from a ship was reported to have a paint-like taste and odour. The master was advised to have the domestic tanks flushed out, cleaned and refilled.

(*b*) *Bacteriological*

Thirty-three samples of domestic water from ships and dock hydrants were submitted to the City Bacteriologist.

One sample proved unsatisfactory due to a high bacterial count.

The ship was due to dry-dock for annual survey and repairs and the master stated he would arrange for tank cleaning to be carried out at that time.

This information was passed to the Port Health Authority in the area concerned.

Aliens Order, 1953

There was a decrease in the number of alien passengers landed at the port. The comparable figure for the year 1972 was 99 as against 154 aliens in 1971.

Nationality

American	2
Burmese	1
Danish	8
Dutch	13
Equador	9
Finnish	10
German	9
Greek	14
Israeli	1
Italian	6
Japanese	2
Norwegian	4
Polish	2
South African	2
Spanish	10
Swedish	3
Yugoslav	3
Total	99

Medical Inspection of Aliens and Commonwealth Immigrants

There was no request by the Immigration Officers to examine any passengers landed during the year.

Hygiene in Crew Accommodation

There has been little change in the pattern of nuisances and defects discovered, although cockroach infestations have shown a slight increase in recent years.

Six intimations were issued in terms of Section 19 of the Public Health (Scotland) Act, 1897 to Masters and 100 verbal warnings given in respect of minor faults.

A total of 1,472 initial visits and 178 revisits were made by the Port Inspectors during the year.

Summary of Structural and Other Defects

Accumulation of refuse on deck	6
Food preparation storerooms and equipment dirty	12
Galleys dirty	14
Quarters—approach alleyways dirty	1
Quarters—dirty	1
Quarters—Verminous	54
Scuppers choked	26
Scuppers defective	7
Wash basins—broken or defective	2
Wash basins—foul or dirty	8
Water-closets—flushing apparatus defective ...	10
Water-closets—foul or choked	7
Water-closets—floors uneven or broken ...	3
	151

Immunisation of Seamen

The Port Medical Staff provided 28 seamen with immunisation for Yellow Fever, 17 for Cholera and 1 for Smallpox.

Dangerous Drugs

Two requests were received from Masters of foreign-owned vessels to authorise the purchase of scheduled drugs for restocking medical stores whilst in Port.

Venereal Disease

The two special clinics continue to operate at the Southern General Hospital and Black Street. Further details are recorded in the Infectious Disease Section on page 224.

Hygiene in Dock Areas

The closing down of the older dock areas in the upper reaches of the river and the concentration of operations in the more modern type of

dock, has simplified and improved conditions whereby a good standard of hygiene can be maintained.

The bulk disposal of refuse from ships and dock areas has also removed a type of nuisance that often created a problem with the indiscriminate dumping and accumulations of refuse, both from ships and dock sheds.

The provision of modern types of toilets and other welfare amenities has been a great asset to all concerned.

Factories Act, 1961

The following table shows the number of premises and the number of visits made to factories in dock areas.

No. of Premises Registered at 31.12.72			No. of Premises Inspected during Year			No. of Visits		
Mech.	Non-Mech.	Total	Mech.	Non-Mech.	Total	Mech.	Non. Mech.	Total
18	1	19	25	1	26	42	3	45

The Food Hygiene (Scotland) Regulations, 1959/66

No. of Premises	No. of Premises Inspected	No. of Visits
5	5	25

Rat Destruction

The total number of rats destroyed during the year was 145. Forty-three specimens of rats, 3 from ships and 40 from shore premises, were submitted to the Bacteriologist for examination. All were reported negative for Pasteurella Pestis.

On Board Foreign-Going Vessels

Method of Destruction	Infected Ports				Non-Infected Ports			
	R. Rattus		R. Norvegicus		R. Rattus		R. Norvegicus	
	M.	F.	M.	F.	M.	F.	M.	F.
Methyl Bromide ...	15	12	—	—	—	—	—	—
Trapping	3	3	—	—	—	—	—	—
	18	15	—	—	—	—	—	—

In Sheds and Other Premises

	Male	Female	Total
R. Norvegicus ...	52	37	89
R. Rattus	13	10	23
	65	47	112

Infestation of rodents in dock sheds, etc. are notified to the Clyde Port Authority who take appropriate action, including rat proofing, which may be required.

International Deratting and Deratting Exemption Certificates

The total number of certificates issued during the year was 214.

Deratting Certificates were issued to three vessels; two after fumigation with methyl bromide and one by trapping.

Seven Exemption Certificates were issued to vessels on completion at the builder's yard and 26 Exemption Certificates to ships berthed at outlying ports in the river estuary at Ardrossan, Faslane, Finnart, Irvine, Troon and at the Tail-of-the-Bank, Greenock.

Rags, Hair, Hides and Bones

Sixty-three samples were drawn from consignments of animal hair, hides and bone products. Only one sample of bones was reported positive by the City Laboratory.

The following table shows the amount of imported rags, hair, hides, bones and dried blood, with the country of origin.

Country of Origin	Hair		Hides		Wool		Bones		Dried Blood	
	Ships	Bags	Ships	Bales	Ships	Bales	Ships	Bags	Ships	Bags
America ...	—	—	—	—	—	—	1	751	—	—
Argentina ...	2	33	—	—	—	—	5	44,375	—	—
Botswana ...	—	—	—	—	—	—	—	—	1	400
Brazil ...	—	—	1	4	1	151	—	—	—	—
East Africa ...	1	33	1	30	—	—	—	—	—	—
France ...	—	—	1	1,042	—	—	—	—	—	—
India	1	19	3	4,237	6	8,309	4	23,870	—	—
Japan ...	—	—	1	150	1	10	—	—	—	—
Lebanon ...	—	—	1	65	1	263	—	—	—	—
Mombasa ...	—	—	2	114	—	—	—	—	—	—
Mozambique ...	—	—	1	380	—	—	—	—	—	—
New Zealand ...	1	2	1	5	5	629	—	—	7	5,828
Pakistan ...	3	307	1	219	4	3,533	3	9,412	—	—
South Africa ...	—	—	4	424	1	50	2	1,200	—	—
Tanzania ...	—	—	1	100	—	—	—	—	—	—
Uganda ...	—	—	1	115	—	—	—	—	—	—
West Africa ...	—	—	1	70	—	—	—	—	—	—

The Imported Food (Scotland) Regulations, 1968

During the year 806,090 tons of imported foodstuffs were landed and dealt with at the Port.

Seven hundred and forty-three samples of food were submitted to the City Analyst who reported 58 samples unfit or unsatisfactory in their present state.

Ninety-nine samples were tested by the City Bacteriologist and all were reported suitable for human consumption.

One hundred and six tons of imported foodstuffs were condemned, being unfit for human consumption.

One ton of ships' stores were rejected by the Ministry of Ships' Provision Inspectors and condemned by the Port Food Inspectors.

The presence of sulphur dioxide in consignments of desiccated coconut imported from Ceylon was giving some concern. Information was soon forthcoming from the Importers who stated that the presence of sulphur dioxide in the desiccated coconut was accidentally introduced by the direct firing method used during the drying process and not intentionally added as a preservative to the product. They further claimed that sulphur dioxide, as a preservative, was permitted up to 2,000 parts per million in dried fruits and, in their opinion, desiccated coconut was a form of dried fruit. However, the Food Additives and Contaminants Committee recommended that no provision should be made for the presence of sulphur dioxide in desiccated coconut.

The industry in Ceylon is now converting their production method to the use of indirect heat for drying the shredded coconut.

Consignments of foodstuffs from eastern countries, mainly India, Pakistan, China, Taiwan and Hong Kong, continue to disregard the standards in packing, purity and legislative requirements for food being imported into this country. Contraventions generally range from the use of prohibited preservatives, colouring matter, excess arsenic to insect infestations, and various forms of contamination. Many of these foods are prepacked in plastic containers with no labels, list of ingredients (in correct descending order), name of packer, labeller or registered trade mark, net weight or volume as the case may be.

Every possible action has been taken to combat these irregularities and contraventions with little or no success.

Preservatives in Food (Scotland) Regulations, 1962/71

Several consignments of foodstuffs from Hong Kong contained excess preservatives or non-permitted preservatives. Permission was granted to re-export these consignments to the country of origin.

Colouring Matter in Food (Scotland) Regulations, 1966

Two consignments of foodstuffs contained non-permitted colouring matter, namely Orange II. They also were re-exported to Hong Kong.

Arsenic in Food (Scotland) Regulations, 1959/60

Consignments of Preserved Stem Mustard and Dried Lily Flowers were reported to contain excess amounts of arsenic and were returned to Hong Kong.

Lead in Food (Scotland) Regulations, 1961

A large consignment of canned sweet corn from New Zealand was detained on the City Analyst's report for excess lead. Further sampling confirmed the earlier reports on lead. The consignment was surrendered for destruction.

Consignments of foodstuffs were reported by the Analyst to contain excess copper, zinc and tin and over the recommended standards as laid down by the Food Additives and Contaminants Committee.

PEST CONTROL UNIT

As in previous years the work of the Unit has been maintained at the same high level. The figures once again reveal a considerable rise in the number of mice infestations.

A permanent part of the Unit's work is the clearing of the starling population from the City centre. This was carried out during September/November.

Details of the Unit's work are as follows :—

Division	Complaints Received	Premises Infested and Treated		Total Premises Infested	Premises Rat-proofed
		Rats	Mice		
Central ...	2,200	849	732	1,581	139
Northern ...	1,398	1,108	193	1,301	126
Eastern ...	1,869	394	1,058	1,452	70
South-Eastern	1,530	309	1,005	1,314	37
South-Western	1,029	241	557	798	21
	8,026	2,901	3,545	6,446	393

During the year several block control operations were carried out in the Stratford Street area of the City.

Disinfestation

The work in this section of the Unit keeps increasing year by year. The large increase in the number of apartments treated for fleas is not due to a higher incidence of flea infestation but to the policy of Housing Management to have the majority of empty houses treated as a precaution.

The following table shows the amount of work carried out in each division :—

Division	Bug Infestation	Tenants being Rehoused	Cockroach Infestation	Other Insects	Total
Central ...	5	—	147	1,224	1,376
Northern ...	12	—	87	2,186	2,285
Eastern ...	27	2	22	3,729	3,780
South-Eastern	7	—	42	1,343	1,392
South-Western	—	—	91	681	772
	51	2	389	9,163	9,605

Other Insects

This part of the Unit's work has followed the same pattern as in previous years.

The following table shows the amount of work carried out in each division.

Number of Apartments Treated

Division	Verminous Bedding	Flea Infestation	Fly Infestation	Other Insects	Total
Central ...	25	895	14	290	1,224
Northern ...	41	1,461	10	674	2,186
Eastern ...	42	3,262	7	418	3,729
South-Eastern	26	1,015	7	295	1,343
South-Western	3	460	4	214	681
	137	7,093	42	1,891	9,163

Other Premises

In addition to the work shown in previous table, 383 treatments of other premises (shops, schools, public baths, etc.) were carried out for various kinds of insect pests.

Also, following requests from other Corporation Departments, Police and householders, the Unit successfully dealt with 193 wasps' nests which were in close proximity to houses, schools, nurseries, etc.

The following table shows the number of visits made during the year for all types of infestation.

Bug Infestation and Rehousing ...	39
Cockroach Infestation	463
Verminous Bedding	137
Flea Infestation	2,550
Fly Infestation	67
Other Insect Infestation	1,554
	4,810

Insect Identification

For the identification of insects the services of the Unit were requested on 78 occasions. In this aspect of the work the Department is indebted to the Zoology Department of Glasgow University for their assistance and co-operation throughout the year.

Disinfecting Section

This section carries out the disinfection of premises, clothing, etc. following a case of infectious disease in the home. The following table shows the number of premises dealt with on account of infectious disease.

Homes, etc., disinfected ... 1,270

In addition to the above work, 102,087 articles of second-hand clothing were disinfected before export to other countries. The amount of materials used for these purposes is shown below.

Formaldehyde, 40 per cent.	21 gallons
Naphthaline Powder	985 lbs.
Disinfectant (crude)	20 gallons

During the year the section also undertook, on behalf of the Food and Dairies Section, the stencilling of the "Approved for Food" sign on 690 vehicles.

APPENDIX

Factories Act, 1961

This table is enclosed at the request of the Secretary of State for Employment to indicate to Medical Officers of Health the prescribed particulars required by Section 153(1) of the Factories Act, 1961, to be furnished in their Annual Reports or with respect to matters under Parts I and VIII of that Act administered by the County or Town Council It is not intended to supersede the fuller statement which is desirable in the text of the Report, but should be attached as an annexe.

Annual Report of the Medical Officer of Health In Respect of the Year 1972 for the Corporation of the City of Glasgow *

Prescribed Particulars on the Administration of the Factories Act, 1961

Part I of the Act

1.—Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities†	205	238	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,581	2,783	493	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority‡ (including out-workers' premises)	87	94	1	—
	2,873	3,115	497	—

2.—Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases",)

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	9	26	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	1	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient ...	9	13	—	2	—
(*b*) Unsuitable or defective	739	596	—	17	—
(*c*) Not separate for sexes	37	27	—	5	—
Other offences against the Act (not including offences relating to Out-work)	729	713	—	11	—
	—	—	—	—	—
Total	1,524	1,375	—	35	—

* County or Burgh.

† To prevent any differences between the lists kept respectively by the Local Authorities and H.M. Inspectors of Factories of the numbers of factories in which sections 1, 2, 3, 4 and 6 of the Factories Act, 1961 are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H.M. Inspectors of Factories.

‡ *i.e.* Electrical Stations (Section 123(1)), Institutions (Section 124), sites of Building operations and Works of Engineering Construction (Section 127), Slaughterhouses (Section 175) (1) (*d*) and (*e*)) and Railway Running Sheds (Section 175(2) and (10)).

Part VIII of the Act.

Outwork

(*Sections* 133 *and* 134).

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—Making, etc., Cleaning and Washing	4	—	—	—	—	—
Household Linen ...	—	—	—	—	—	—
Lace, lace curtains and nets	—	—	—	—	—	—
Curtains and furniture hangings	—	—	—	—	—	—
Furniture and upholstery	—	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear...	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc. ...	—	—	—	—	—	—
Artificial flowers ...	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—
Tents	—	—	—	—	—	—
Sacks	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons, etc.	—	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosacques, Christmas crackers, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving ...	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
Total	4	—	—	—	—	—

SECTION XIII

OCCUPATIONAL HEALTH

The Occupational Health Section is responsible for the medical assessment of recruits to all Corporation Departments except Fire and Police, which have their own medical officers. The Section continues also to assess employees of the Lower Clyde Water Board, which has taken over the functions of the former Corporation Water Department.

Applicants for Entrance, Sick Pay and Superannuation are asked to complete a questionnaire requiring particulars of height and weight, present state of health and past medical history. The applicant attests that the answers are, to the best of his knowledge, correct and that no medical information has been withheld. Each form is scrutinised by a Medical Officer and all persons in good health with satisfactory height and weight measurements are passed fit, providing their chest X-ray is clear.

Three thousand, two hundred applications for Entrance, Sick Pay and Superannuation were dealt with by questionnaire without medical examination ; this is 68·8 per cent. of the total of 4,652 applications. The remaining 1,452 applicants were medically examined and of those, 587 (40·4 per cent) were recalled for a second or subsequent examination. There were 72 retiral examinations and 123 examinations carried out by special request of Corporation Departments and other local authorities. Two hundred and eighty-one examinations were carried out on Corporation employees wishing to obtain a Heavy Goods Vehicle Licence. Such examinations are required by the Licensing Authority for all first applicants and annually after the age of sixty. The total number of examinations conducted by the Section in 1972 was therefore 2,515, of which 2,502 were carried out at the Cochrane Street Clinic.

Table I shows how these examinations were distributed by Scheme and Department.

Table I

Medical Examinations Carried out at 20 Cochrane Street During 1972

Department	Entrance		Sick Pay		Super-Annuation		Retiral		Re-examination		Special		Vehicle Licence		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Airport	15	2	—	—	—	—	—	—	—	—	4	—	30	—	49	2
Architect's	9	2	—	—	—	—	—	—	1	1	—	—	—	—	10	3
Baths	—	—	3	—	10	12	3	1	11	6	—	—	—	—	27	19
Building	11	1	16	—	163	4	1	—	47	1	8	—	28	—	274	6
Children's Panel ...	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
City Assessor ...	4	—	—	—	—	1	—	—	—	—	—	—	—	—	4	1
City Chamberlain ...	4	1	—	—	—	1	—	—	—	1	—	—	—	—	4	3
Civil Defence ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Cleansing	4	1	58	8	104	10	6	—	91	12	26	1	130	—	419	32
Curator	2	10	—	3	—	2	—	—	2	3	—	5	—	—	4	23
Education	44	113	2	118	3	23	3	16	20	124	2	10	44	—	118	404
Estates	11	1	—	—	—	1	—	—	3	1	—	—	—	—	14	3
Halls	—	—	—	—	—	2	1	1	—	1	—	—	—	—	1	4
Health	—	—	—	—	5	2	—	—	4	3	—	—	—	—	9	5
Highways	4	—	6	—	8	—	—	—	1	—	1	—	18	—	38	—
Office of Public Works	10	—	7	—	8	—	2	—	—	—	5	—	1	—	33	—
Sewage	—	—	2	—	3	—	—	—	1	—	—	—	—	—	6	—
Housing Management	39	14	1	2	12	5	1	—	10	6	—	—	—	—	63	27
Information Bureau	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Kelvin Hall ...	—	—	1	—	1	—	—	—	1	—	1	—	—	—	4	—
Libraries	6	9	4	2	1	3	—	—	1	8	—	1	—	—	12	23
Lighting	17	—	3	—	8	—	14	—	3	—	11	—	5	—	61	—
Luncheon	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Markets	—	—	—	—	18	—	—	—	—	—	1	—	—	—	19	—
Museums	6	2	—	2	—	—	—	—	4	1	—	1	—	—	10	6
O. and M.	—	—	—	—	1	—	—	—	2	—	1	—	—	—	4	—
Parks	92	1	2	—	16	—	5	—	62	—	8	—	12	—	197	1
Planning	2	1	—	—	2	—	—	—	1	1	—	—	—	—	5	2
Printing	—	—	2	4	2	1	—	—	1	2	—	—	—	—	5	7
Procurator Fiscal ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Social Work ...	13	48	—	186	9	17	1	4	9	118	3	5	—	—	35	378
Town Clerk ...	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Veterinary Surgeon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Blind Workshops ...	1	—	3	—	7	—	—	—	4	2	11	—	—	—	26	2
Lower Clyde Water Board ...	30	1	4	2	5	—	—	—	16	—	3	—	13	—	71	3
Central Water Board ...	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—
Mid-Scotland Water Board ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Clyde River Purification Board	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Outside Authorities ...	—	—	—	—	—	—	—	—	—	—	3	10	—	—	3	10
	325	210	114	328	389	86	37	22	295	292	88	35	281	—	1,529	973

13 Retiral Examinations carried out at home. 2,502+13=

Total — 2,502

Grand Total 2,515

Five hundred and ninety (42·0 per cent. of 1,452 persons examined for the first time for the Entrance, Sick Pay and Superannuation purposes were found to be unfit. Causes are detailed in Table II.

Table II

Clinical Conditions Found in Persons Examined for the First Time which Caused Them to be Found Unfit

	Male	Female	Total
Obesity	70	176	246
Hypertension	126	64	190
Chronic Bronchitis	41	6	47
*Pulmonary Tuberculosis	7	6	13
Other Chest Conditions	8	5	13
Radiological Appearances Requiring Further Investigation	6	7	13
Cardiac Disease	16	3	19
Recent Operations	9	5	14
Hernia	11	1	12
Indigestion and Peptic Ulcer	8	2	10
Glycosuria	7	3	10
Psychiatric Illness	7	3	10
Skin Disease	5	2	7
Epilepsy	6	—	6
Varicose Veins	3	2	5
Others	41	21	62
Total	371	306	677

* New Cases found :—two, both males.

Five hundred and eighty-seven found unfit at previous examinations were re-examined, and of these 361 (61·5 per cent) were again found unfit. The commonest causes of unfitness continue, as in previous years, to be Obesity (36·3 per cent) and Hypertension (28·1 per cent). Of this group, 35 were classified as permanently unfit.

Many of those found unfit by reason of tuberculosis and other radiological chest lesions, albuminuria and glycosuria are likely to be found fit later after investigation and treatment have been carried

out. All applicants found unfit for entrance to the Schemes are referred to their family doctors, who are informed by letter of the findings.

All applicants who complete the questionnaire, whether a medical examination is required or not, have a chest X-ray carried out at the Health Department's X-ray Unit. Miniature X-ray films are used routinely but all doubtful cases are recalled for a large X-ray film.

In 1972, two new cases of active pulmonary tuberculosis were discovered, who were referred to their local Chest Clinic. Several other persons were also referred to chest clinics as a result of their X-ray examination.

Seventy-two people were examined with a view to premature retirement on health grounds. Thirteen of these examinations were carried out in the employees' homes. Particulars are shown in Table III.

Table III

Clinical Conditions Causing Early Retiral

	Male	Female	Total
Chronic bronchitis	16	5	21
Cardio-vascular disease—			
(i) Ischaemic heart disease	6	2	8
(ii) Hypertension	7	1	8
(iii) Peripheral vascular discase	2	—	2
Central nervous system—			
(i) Cerebral thrombosis	6	1	7
(ii) Parkinsonism	3	—	3
(iii) Senile dementia	1	—	1
(iv) Disseminated sclerosis	1	—	1
Musculo skeletal system—			
(i) Prolapsed intervertebral disc	—	1	1
(ii) Arthritis	2	1	3
(iii) Spondylitis	1	—	1
Carcinoma—			
(i) Bladder	1	—	1
(ii) Breast	—	2	2
(iii) Bronchus	1	—	1
(iv) Larynx	—	1	1
(v) Stomach	—	1	1
Psychiatric Illness	1	4	5
Peptic Ulcer	1	—	1
Diabetes Mellitus	1	—	1
Eczema	—	1	1
Gynaccological Condition	—	1	1
	50	22	72
Found Fit	—	1	1

(Thirteen examinations carried out at employees' homes).

Two hundred and eighty-one applicants for Heavy Goods Vehicle Licences were examined. Of those, five were found unfit to drive a Heavy Goods Vehicle. The conditions causing this unfitness were, respectively, hypertension (three), congenital cardiac disease (one) and loss of an eye (one).

The total number of examinations carried out in 1972 was 2,515, a decrease of 104 from 1971.

The Occupational Health Section is consulted by Corporation Departments for advice on working conditions and on the degree of fitness required for certain occupations.

Apart from the routine assessment and medical examinations, Lower Clyde Water Board employees are seen when a blood specimen is taken for Widal test and specimens of faeces and urine obtained for bacteriological examination for Salmonella and Shigella. Cases of diarrhoeal illness among the Board's employees are reported to the Medical Officer of Health for surveillance and clearance prior to return to work.

Immunisation against leptospirosis is available for sewer workers of the Highways Department.

SECTION XIV

CHIROPODY SERVICE

As in previous years, the number of applications for chiropody treatment in 1972 continued to increase and during the year three additional clinics were opened in Shettleston, Bridgeton and Provan.

Now that the chiropody clinics are spread fairly evenly throughout the City, it has been possible to transfer a number of blind patients from the Chiropody Clinic for the Blind at Laurieston House, 51 Carlton Place, G5 to clinics nearer their home, which avoids the necessity of travelling so far in busy traffic.

The domiciliary service is also growing and there are now 3,046 housebound patients of all ages receiving treatment.

The total number of chiropody treatments given by this Department in 1972 was 108,017 which is by far the largest number given by any single Local Authority chiropody service in Britain. There is, however, no reason for complacency as, owing to shortage of staff, the length of time between treatments is still too long and unless this is reduced, the maximum benefit derived from the treatments will be lost.

The number of treatments given at the various centres is as follows :—

	No. of treatments.
Residential Homes	5,963
Domiciliary	10,675
Callander Street Clinic, G20	2,804
Whiteinch Clinics, Medwyn Street, G14	4,385
Denmark Street Clinics, G22	4,232
Pollok Clinic, Langton Road, G53	2,539
Shettleston Clinic, Wellshot Road, G32	2,030
Drumchapel Clinic, Kinfauns Drive, G15 ...	994
Govan Clinic, Govan Road, G51	976
Cardonald Clinic, Kirriemuir Avenue, G52 ...	1,020
Woodside Health Centre Clinic, Barr Street, G20	976
Bridgeton Clinic, Redan Street, G40	739
Provan Clinic, Glenbarr Street, G21	19
David Cargill Clinic, Ledard Road, G42	490
St. Mungo Clinic, McAslin Street, G4	654
Knightswood Hospital Day Centre, G13	48
Laurieston House Clinic, Carlton Place, G5 ...	215

On the contractual side of the Service, thirty-six private chiropodists gave a total of 69,258 treatments in their own surgeries at a cost to this Department of £53,482·40.

SECTION XV

ADAPTATION FOR HOME DIALYSIS UNIT

Under the National Health Service (Scotland) Act, 1947, Section 27, Local Authorities are empowered to provide facilities in the homes of patients for the use of Artificial Kidney Machines. The treatment involves new and difficult techniques and whether or not it is undertaken in hospital or in the home it is based on hospitals with full supporting facilities.

The Corporation continues its supporting role in relation to house adaptation and rehousing for home dialysis purposes. Four houses have been adapted at an average cost of £550 and a further house is in the course of adaptation. The full cost of the adaptation is borne by the Corporation with the provision of the Artificial Kidney Machine, drugs, dressings, concentrates etc., being the responsibility of the Hospital.

APPENDIX.

TABLE I.—GLASGOW, 1972—ESTIMATED POPULATION AS AT 30TH JUNE, IN EACH MUNICIPAL WARD, ACREAGE, AND PERSONS PER ACRE.

MUNICIPAL WARDS	POPULATION				Acreage	Persons per acre (including Inst'utions and Shipping)
	Without Institutions and Shipping	Institutions	Shipping	Total		
1. Shettleston and Tollcross ...	35,733	324	—	36,057	1,167	31
2. Parkhead ...	16,951	377	—	17,328	819	21
3. Dalmarnock	17,550	—	—	17,550	487	36
4. Calton ...	9,581	700	—	10,281	404	25
5. Mile-end ...	17,478	116	—	17,594	443	40
6. Dennistoun ...	20,520	14	—	20,534	689	30
7. Provan ...	77,247	2,243	—	79,490	4,846	16
8. Cowlairs ...	19,616	782	—	20,398	645	32
9. Springburn ...	29,863	1,465	—	31,328	2,118	15
10. Townhead ...	9,565	1,213	—	10,778	301	36
11. Exchange ...	4,461	2,287	—	6,748	507	13
12. Anderston ...	7,613	519	45	8,177	530	15
13. Park	11,345	749	—	12,094	317	38
14. Cowcaddens	9,565	258	—	9,823	488	20
15. Woodside ...	9,292	125	—	9,417	170	55
16. Ruchill ...	40,750	457	—	41,207	1,962	21
17. North Kelvin	15,751	113	—	15,864	278	57
18. Maryhill ...	24,852	116	—	24,968	2,210	11
19. Kelvnside ...	20,328	1,603	—	21,931	1,160	19
20. Partick (East)	16,137	860	—	16,997	351	48
21. Partick (West)	13,170	17	60	13,247	464	29
22. Whiteinch ...	17,494	32	—	17,526	894	20
23. Yoker	30,291	250	144	30,685	1,213	25
24. Knightswood	49,704	207	—	49,911	1,614	31
25. Hutchesontown	9,981	—	—	9,981	387	26
26. Gorbals ...	6,271	—	—	6,271	252	25
27. Kingston ...	5,976	—	63	6,039	355	17
28. Kinning Park	12,854	63	—	12,917	402	32
29. Govan ...	17,720	69	—	17,789	489	36
30. Fairfield ...	14,876	1,392	310	16,578	1,351	12
31. Craigton ...	36,185	274	—	36,459	1,566	23
32. Pollokshields	35,152	2,065	—	37,217	3,239	11
33. Camphill ...	17,774	436	—	18,210	481	38
34. Pollokshaws	50,635	408	—	51,043	3,223	16
35. Govanhill ...	22,925	169	—	23,094	365	63
36. Langside ...	24,668	725	—	25,393	801	32
37. Cathcart ...	60,719	255	—	60,974	2,737	22
CITY	840,593	20,683	622	861,898	39,725	22

TABLE II.—GLASGOW, 1972.—INHABITED AND UNOCCUPIED HOUSES IN EACH MUNICIPAL WARD AS AT WHITSUNDAY, 1972.

MUNICIPAL WARDS	INHABITED HOUSES				Empty Houses
	1972	1971	Decrease	Increase	
1. Shettleston and Tollcross	11,992	12,442	450	—	1,037
2. Parkhead	6,585	6,648	63	—	167
3. Dalmarnock ...	6,465	7,300	835	—	1,558
4. Calton	3,615	4,054	439	—	839
5. Mile-end	5,797	6,660	863	—	1,302
6. Dennistoun	7,949	7,977	28	—	210
7. Provan	21,655	21,298	—	357	59
8. Cowlairs	7,692	8,010	318	—	994
9. Springburn	9,141	9,282	141	—	297
10. Townhead	3,673	3,988	315	—	526
11. Exchange	2,097	2,050	—	47	395
12. Anderston	3,044	3,228	184	—	693
13. Park	3,143	3,204	61	—	353
14. Cowcaddens	3,709	3,964	255	—	638
15. Woodside	3,383	3,810	427	—	972
16. Ruchill	12,696	12,657	—	39	195
17. North Kelvin ...	6,204	6,557	353	—	1,262
18. Maryhill	9,074	9,504	430	—	904
19. Kelvinside	6,845	6,854	9	—	157
20. Partick (East) ...	5,419	5,509	90	—	354
21. Partick (West) ...	6,028	6,230	202	—	503
22. Whiteinch	6,498	6,614	116	—	213
23. Yoker	10,938	10,949	11	—	61
24. Knightswood ...	14,542	14,177	—	365	24
25. Hutchesontown ...	3,802	4,092	290	—	726
26. Gorbals	2,151	2,310	159	—	1,200
27. Kingston	1,810	2,394	584	—	1,181
28. Kinning Park ...	4,711	5,259	548	—	1,106
29. Govan	6,145	6,157	12	—	648
30. Fairfield	5,884	5,998	114	—	437
31. Craigton	13,369	12,986	—	383	82
32. Pollokshields ...	10,527	10,307	—	220	152
33. Camphill	7,620	7,560	—	60	221
34. Pollokshaws ...	15,145	14,453	—	692	197
35. Govanhill	8,796	8,835	39	—	450
36. Langside	9,470	9,388	—	82	120
37. Cathcart	19,028	18,991	—	37	128
CITY	286,642	291,696	5,054	—	20,361

These figures (supplied by the City Assessor) include Farmed-out Houses, houses attached to business premises and inhabitant occupiers.

TABLE III.—ABSTRACT OF METEOROLOGICAL OBSERVATIONS TAKEN AT SPRINGBURN PUBLIC PARK

MONTHS 1971	† TEMPERATURE			RAINFALL		SUNSHINE
	Highest Temp. in Shade	Lowest Temp. in shade	Mean Temp.	No. of Days	* Amount Collected in milimtrs.	Hours
January ...	9·4	−6·8	3·2	25	90·8	26·7
February ...	8·0	−7·9	3·8	18	38·6	39·3
March ...	15·6	−1·5	5·1	18	52·3	79·2
April	15·5	1·2	7·6	19	96·2	167·8
May	17·0	3·3	9·9	19	129·3	118·9
June ...	19·1	5·0	11·6	24	96·7	168·9
July	27·1	7·3	14·1	15	59·5	179·1
August ...	21·1	6·4	13·2	15	49·1	177·3
September ...	22·4	2·0	12·9	8	10·4	143·3
October ...	17·3	−0·2	10·2	13	29·9	87·7
November ...	13·8	−3·2	5·1	23	87·1	56·4
December ...	11·7	−3·1	4·9	21	88·2	21·3
1972	27·1	−7·9	8·46	218	828·1	1,265·9
1960	79	12	47·7	230	41·32	1,260
1961	76	15	47·4	223	46·26	1,086
1962	76	18	46·1	208	43·35	1,230
1963	78	11	45·6	223	37·62	1,281
1964	72	19	47·1	211	36·94	1,145
1965	74	11	45·3	198	41·52	1,190
1966	80	19	46·3	216	43·66	1,151
1967	75	21	47·0	237	42·69	1,221
1968	80	21	46·7	174	40·62	1,192
1969	79	16	46·7	211	34·67	1,282
1970	79	10	46·7	244	1,026·1	1,268·2
1971	80	25	47·6	209	879·9	1,289·3

* 1960-1969 measurements shown in inches.

† 1960-1971 temperature shown in Fahrenheit

(Table supplied by courtesy of the Parks Department).

TABLE IV.—GLASGOW.—BIRTHS AND BIRTH-RATES *per Million* IN EACH WARD, FOR THE YEAR 1972 AND NUMBER AND PERCENTAGE OF ILLEGITIMATE BIRTHS.

MUNICIPAL WARDS.	Births 1972	Birth-rate 1972	Birth-rate 1971	Illegitimate Births	
				No.	% Total Births.
1. Shettleston and Tollcross ...	530	14,832	17,590	87	16·4
2. Parkhead	223	13,156	15,850	29	13·0
3. Dalmarnock	385	21,937	25,811	63	16·4
4. Calton	169	17,639	23,440	31	18·3
5. Mile-end...	414	23,687	27,910	74	17·9
6. Dennistoun	401	19,542	21,043	31	7·7
7. Provan	1,271	16,454	16,470	205	16·1
8. Cowlairs	421	21,462	29,032	50	11·9
9. Springburn	332	11,117	14,645	59	17·8
10. Townhead	154	16,100	23,607	32	20·8
11. Exchange	58	13,002	18,107	14	24·1
12. Anderston	163	21,411	24,101	29	17·8
13. Park	222	19,568	25,551	31	14·0
14. Cowcaddens	136	14,219	17,835	21	15·4
15. Woodside	185	19,910	23,901	37	20·0
16. Ruchill	599	14,699	16,244	105	17·5
17. North Kelvin	418	26,538	30,338	59	14·1
18. Maryhill	354	14,244	17,618	72	20·3
19. Kelvinside	270	13,282	15,211	26	9·6
20. Partick (East)	272	16,856	18,814	41	15·1
21. Partick (West)	230	17,464	16,515	11	4·8
22. Whiteinch	215	12,290	13,308	12	5·6
23. Yoker	281	9,277	10,882	41	14·6
24. Knightswood	667	13,419	13,097	104	15·6
25. Hutchesontown	151	15,129	20,088	27	17·9
26. Gorbals	85	13,554	15,489	14	16·5
27. Kingston	127	21,252	24,467	15	11·8
28. Kinning Park	242	18,827	24,995	25	10·3
29. Govan	347	19,582	23,454	35	10·1
30. Fairfield	270	18,150	21,658	27	10·0
31. Craigton...	308	8,512	9,100	29	9·4
32. Pollokshields	436	12,403	13,709	60	13·8
33. Camphill	302	16,991	17,557	21	7·0
34. Pollokshaws	695	13,726	14,731	89	12·8
35. Govanhill	526	22,944	26,003	49	9·3
36. Langside	336	13,621	16,036	16	4·8
37. Cathcart	837	13,785	13,485	87	10·4
Institutions	2	—	—	1	50·0
Harbour...	—	—	—	—	—
CITY	13,034	15,122	17,182	1,759	13·5

TABLE V.—GLASGOW.—DEATHS AND DEATH RATES *per Million* IN EACH MUNICIPAL WARD, FOR THE YEAR 1972, AND CORRESPONDING RATES FOR 1970 AND 1971. (Compiled in the Department).

MUNICIPAL WARDS	Deaths 1972	Death-rates		
		1972	1971	1970
1. Shettleston and Tollcross ...	535	14,972	12,972	12,287
2. Parkhead	309	18,229	16,023	17,720
3. Dalmarnock	280	15,954	14,799	12,942
4. Calton	180	18,787	18,121	14,995
5. Mile-end	222	12,702	12,524	12,831
6. Dennistoun	328	15,984	14,155	16,140
7. Provan	696	9,010	8,229	8,597
8. Cowlairs	292	14,886	12,958	13,792
9. Springburn	399	13,361	11,938	11,878
10. Townhead	153	15,996	14,183	14,147
11. Exchange	112	25,106	29,229	30,025
12. Anderston	138	18,127	14,875	16,797
13. Park	147	12,957	14,873	18,579
14. Cowcaddens	146	15,264	12,866	12,836
15. Woodside	145	15,605	13,216	15,603
16. Ruchill	563	13,816	12,671	14,039
17. North Kelvin	220	13,967	12,458	12,838
18. Maryhill	364	14,647	13,036	13,332
19. Kelvinside	270	13,282	15,641	15,438
20. Partick (East)	205	12,704	13,739	14,552
21. Partick (West)	223	16,932	13,286	13,403
22. Whiteinch	300	17,149	15,310	15,018
23. Yoker	517	17,068	15,972	16,076
24. Knightswood	488	9,818	9,303	9,092
25. Hutchesontown	139	13,926	13,767	14,813
26. Gorbals	68	10,844	13,057	13,179
27. Kingston	74	12,383	13,476	13,879
28. Kinning Park	175	13,614	15,701	14,645
29. Govan	290	16,366	13,753	12,955
30. Fairfield	257	17,276	15,499	16,151
31. Craigton	593	16,388	13,375	14,128
32. Pollokshields	409	11,635	12,603	11,733
33. Camphill	358	20,142	16,228	18,608
34. Pollokshaws	527	10,408	9,928	10,820
35. Govanhill	317	13,828	12,980	14,060
36. Langside	394	15,972	13,937	13,387
37. Cathcart	632	10,409	9,732	9,086
Institutions	665	32,152	—	—
Harbour	3	—	—	—
CITY	12,133	14,077	12,989	13,249

TABLE VI.—Glasgow.—DEATHS and Death-rates *per Million* from Different Causes, for the Year 1972, and the Corresponding Rates for 1971 and 1970.

(from Registrar General's Annual Return)

• Code No.	CAUSE OF DEATH	Deaths 1972	Annual Death Rate per Million 1972	1971	1970
4	Enteritis and other diarrhoeal diseases	26	30	28	25
5	Tuberculosis of the respiratory system	73	85	78	99
6	Other tuberculosis, including late effects	19	22	27	20
9	Whooping Cough	—	—	1	3
11	Meningococcal infection	6	7	6	4
12	Acute poliomyelitis	—	—	—	—
14	Measles	1	1	—	3
17	Syphilis and its sequelae	2	2	—	4
18	Other infective and parasitic diseascs †	23	27	22	22
19	Malignant neoplasms	2,577	2,990	2,936	2,932
20	Benign and unspecified neoplasms	21	24	35	26
21	Diabetes mellitus	125	145	145	174
22	Avitaminoses and other nutritional deficiency	5	6	6	14
23	Anaemias	27	31	29	37
46·0	Other general diseases	47	55	37	34
24	Meningitis	9	10	10	14
46·1	Other diseases of nervous system	189	219	205	213
25	Active rheumatic fever	3	3	—	2
26	Chronic rheumatic heart disease	116	135	164	218
27	Hypertensive disease	170	197	207	184
28	Ischaemic heart disease	3,179	3,688	3,287	3,216
29	Other forms of heart disease	457	530	529	554
30	Cerebrovascular disease	1,753	2,034	1,955	1,852
46·2	Other circulatory diseases	419	486	414	385
31	Influenza	64	74	10	142
32	Pneumonia	626	726	495	603
33	Bronchitis, emphysema and asthma	681	790	734	848
46·3	Other respiratory diseases	135	157	82	128
34	Peptic ulcer	88	102	79	111
35	Appendicitis	5	6	6	9
36	Intestinal obstruction and hernia	52	60	34	35
37	Cirrhosis of liver	62	72	68	55
46·4	Other digestive diseases	105	122	113	128
38	Nephritis and nephrosis	86	100	87	67
39	Hyperplasia of prostate	20	23	21	18
46·5	Infections of kidney	51	59	45	54
46·6	Other diseases of genito-urinary system	44	51	50	42
40	Abortion	1	1	1	—
41	Other complications of pregnancy, childbirth and the puerperium	2	2	3	7
46·7	Diseases of the skin, musculoskeletal system, etc.	55	64	48	56
42	Congenital Anomalies	97	113	106	131
43	Birth injury, difficult labour and other anoxic and hypoxic conditions	98	114	133	99
44	Other causes of perinatal mortality	40	46	70	56
45·0	Senility without mention of psychosis	9	10	10	18
45·1	Ill-defined and unknown causes	16	19	12	11
E47 E48·0	Road vehicle accidents	156	181	177	166
E48·1	Accidents in the home (part BE 50)	163	189	177	167
E48·2	Other violence (part BE 50)	170	197	233	198
E49	Suicide and self-inflicted injury	60	70	73	57
	Total	12,133	14,077	12,989	13,245

• International Classification—Eighth Revision Abbrev. List "B"

† Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIIA.—GLASGOW, 1972.—DEATHS FROM DIFFERENT CAUSES AT SEVERAL AGE PERIODS (MALES).

(from Registrar General's Annual Return)

Code No.*	CAUSE OF DEATH	−4 Wks	4− Wks	1−	5−	10−	15−	25−	35−	45−	55−	65−	75−	85+	Total Males
4	Enteritis and other diarrhoeal diseases	1	5	—	—	—	—	—	—	—	—	2	—	1	9
5	Tuberculosis of the respiratory system	—	—	—	—	—	—	1	3	7	8	15	10	2	46
6	Other tuberculosis, including late effects	—	—	—	—	—	1	1	—	2	3	2	1	—	10
9	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Meningococcal infection	—	4	1	—	—	—	—	—	—	—	—	—	—	5
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	1	—	1
18	Other infective and parasitic diseases †	3	—	—	—	—	—	1	—	1	3	—	2	1	11
19	Malignant neoplasms	—	—	3	2	4	6	9	35	146	406	552	255	53	1,471
20	Benign and unspecified neoplasms	—	1	2	—	—	1	1	1	—	—	4	2	—	12
21	Diabetes mellitus	—	—	—	—	—	—	—	2	1	9	15	8	4	39
22	Avitaminoses and other nutritional deficiency	—	—	—	—	—	—	—	—	1	—	1	—	1	3
23	Anaemias	—	—	—	—	—	—	—	—	1	1	1	3	1	7
46·0	Other general diseases	—	1	1	1	—	—	1	2	4	6	4	3	—	23
24	Meningitis	1	—	—	—	—	—	—	—	2	2	1	—	—	6
46·1	Other diseases of nervous system	—	—	1	2	1	4	5	6	7	16	34	13	1	90
25	Active rheumatic fever	—	—	—	—	—	—	—	—	1	2	—	—	—	3
26	Chronic rheumatic heart disease	—	—	—	—	—	—	1	3	8	10	9	6	—	37
27	Hypertensive disease	—	—	—	—	—	—	1	1	3	16	21	16	5	63
28	Ischaemic heart disease	—	—	—	—	—	—	2	55	203	511	622	331	92	1,816
29	Other forms of heart disease	—	—	—	—	—	—	1	5	6	29	70	63	18	192
30	Cerebrovascular disease	—	1	—	1	—	2	6	9	27	96	249	197	81	669
46·2	Other circulatory diseases	—	—	—	—	—	—	1	1	6	38	52	52	28	178
31	Influenza	—	—	—	—	—	—	1	—	6	7	10	7	1	32
32	Pneumonia	2	30	7	2	1	6	1	2	9	35	72	98	41	306
33	Bronchitis, emphysema and asthma	—	—	—	—	1	—	2	3	22	103	187	126	29	473
46·3	Other respiratory diseases	1	3	6	—	—	3	—	2	6	19	21	15	1	77
34	Peptic ulcer	—	—	—	—	—	—	—	4	2	9	18	14	5	52
35	Appendicitis	—	—	1	—	—	—	—	1	—	—	—	—	1	3
36	Intestinal obstruction and hernia	—	1	—	—	—	—	—	—	1	4	8	5	2	21
37	Cirrhosis of liver	—	—	—	—	1	—	—	2	8	8	10	1	—	30
46·4	Other digestive diseases	1	1	—	—	—	2	—	—	7	9	13	7	1	41
38	Nephritis and nephrosis	—	—	—	—	—	3	—	1	2	13	12	9	5	45
39	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	1	6	10	3	20
46·5	Infections of kidney	—	—	—	—	—	—	—	1	—	2	5	2	1	11
46·6	Other diseases of genito urinary system	—	—	—	—	—	—	—	1	2	—	6	4	6	19
40	Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—
41	Other complications of pregnancy, childbirth and the puerperium	—	—	—	—	—	—	—	—	—	—	—	—	—	—
46·7	Diseases of the skin, musculo-skeletal system etc.	—	—	—	—	—	—	—	—	2	3	5	3	1	14
42	Congenital Anomalies	25	7	1	2	2	2	—	1	1	3	3	—	—	47
43	Birth Injury, difficult labour and other anoxic and hypoxic conditions	58	3	—	—	—	—	—	—	—	—	—	—	—	61
44	Other causes of perinatal mortality	20	1	—	—	—	—	—	—	—	—	—	—	—	21
45·0	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	3	3
45·1	Ill-defined and unknown causes	—	2	—	—	—	1	—	—	—	1	1	3	1	9
E47 E/ 48·0	Road vehicle accidents	—	—	5	9	3	11	9	14	19	12	11	12	—	105
E/ 48·1	Accidents in the home (part BE 50)	1	6	4	3	1	—	6	7	12	4	14	8	3	69
E/ 48·2	Other violence (part BE 50)	1	2	1	8	3	24	11	18	14	8	12	9	3	114
E49	Suicide and self-inflicted injury	—	—	—	—	—	2	7	6	11	7	2	—	—	35
	All causes	114	68	33	30	17	68	68	186	550	1,404	2,070	1,296	395	6,299

* International Classification—Eighth Revision Abbrev. List "B".

† Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIIb.—Glasgow, 1972.—DEATHS from Different Causes at Several Age Periods (Females).

(from Registrar General's Annual Return)

• Code No.	CAUSE OF DEATH	−4 Wks	4− Wks	1−	5−	10−	15−	25−	35−	45−	55−	65−	75−	85+	Total F'mls	Total Both Sexes
4	Enteritis and other diarrhoeal diseases	1	8	1	—	—	—	—	—	—	2	—	1	4	17	26
5	Tuberculosis of the respiratory system	—	—	—	—	—	—	2	1	3	6	8	6	1	27	73
6	Other tuberculosis, including late effects	—	—	—	—	—	—	—	2	1	1	—	3	2	9	19
9	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Meningococcal infection	—	1	—	—	—	—	—	—	—	—	—	—	—	1	6
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1
17	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2
18	Other infective and parasitic diseases†	1	—	1	—	—	—	—	—	1	2	3	3	1	12	23
19	Malignant neoplasms	1	—	1	—	—	6	4	33	130	265	319	263	84	1,106	2,577
20	Benign and unspecified neoplasms	—	—	—	—	—	2	—	—	—	2	3	2	—	9	21
21	Diabetes mellitus	—	—	—	—	—	—	1	3	1	13	40	24	4	86	125
22	Avitaminoses and other nutritional deficiency	—	—	—	—	—	—	—	—	—	—	1	1	—	2	5
23	Anaemias	—	—	—	—	—	1	—	—	—	2	4	11	2	20	27
46·0	Other general diseases	—	—	—	2	—	—	—	—	2	7	7	6	—	24	47
24	Meningitis	2	—	—	—	—	1	—	—	—	—	—	—	—	3	9
46·1	Other diseases of nervous system	—	1	3	—	2	4	2	5	10	11	25	23	13	99	189
25	Active rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
26	Chronic rheumatic heart disease	—	—	—	—	—	—	2	7	13	21	16	14	6	79	116
27	Hypertensive disease	—	—	—	—	—	—	—	2	3	11	28	54	9	107	170
28	Ischaemic heart disease	—	—	—	—	—	—	3	14	52	193	430	465	206	1,363	3,179
29	Other forms of heart disease	—	1	—	—	1	—	2	1	11	20	59	107	63	265	457
30	Cerebrovascular disease	—	—	—	—	—	1	3	13	36	91	267	456	217	1,084	1,753
46·2	Other circulatory diseases	—	1	—	—	—	1	2	3	6	21	57	85	65	241	419
31	Influenza	—	1	—	—	—	—	—	1	—	6	8	12	4	32	64
32	Pneumonia	—	20	4	—	—	—	1	3	8	22	50	116	96	320	626
33	Bronchitis, emphysema and asthma	—	—	—	1	—	1	2	5	20	39	70	49	21	208	681
46·3	Other respiratory diseases	—	4	2	—	—	1	1	—	6	11	15	11	7	58	135
34	Peptic ulcer	—	—	—	—	—	—	1	1	1	6	9	12	6	36	88
35	Appendicitis	—	—	—	—	—	1	—	1	—	—	—	—	—	2	5
36	Intestinal obstruction and hernia	—	—	—	—	—	—	—	1	1	1	9	13	6	31	52
37	Cirrhosis of liver	—	—	—	—	—	2	—	1	9	7	7	6	—	32	62
46·4	Other digestive diseases	1	—	—	—	—	—	3	1	3	10	14	20	12	64	105
38	Nephritis and nephrosis	—	—	—	—	—	1	1	2	4	9	9	11	4	41	86
39	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20
46·5	Infections of kidney	—	—	—	—	—	—	—	2	2	6	11	10	9	40	51
46·6	Other diseases of genito urinary system	—	—	—	—	—	—	1	1	1	1	9	7	5	25	44
40	Abortion	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1
41	Other complications of pregnancy, childbirth and the puerperium	—	—	—	—	—	—	2	—	—	—	—	—	—	2	2
46·7	Diseases of the skin, musculoskeletal system etc.	—	—	—	1	—	—	—	—	3	5	11	11	10	41	55
42	Congenital Anomalies	20	12	8	1	—	3	1	1	1	2	1	—	—	50	97
43	Birth injury, difficult labour and other anoxic and hypoxic conditions	33	4	—	—	—	—	—	—	—	—	—	—	—	37	98
44	Other causes of perinatal mortality	19	—	—	—	—	—	—	—	—	—	—	—	—	19	40
45·0	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	6	6	9
45·1	Ill-defined and unknown causes	—	2	1	—	—	—	—	—	3	—	—	1	—	7	16
E47 E/48·0	Road vehicle accidents	—	1	—	3	1	1	—	3	7	9	12	11	3	51	156
E/48·1	Accidents in the home (part BE 50)	1	9	3	1	—	1	3	4	8	9	14	25	16	94	163
E/48·2	Other violence (part BE 50)	—	4	2	—	—	2	3	7	3	4	8	11	12	56	170
E49	Suicide and self-inflicted injury	—	—	—	—	—	1	1	5	5	6	4	3	—	25	60
	All causes	79	69	27	9	4	30	42	123	354	821	1,529	1,853	894	5,834	12,133

• International Classification—Eighth Revision Abbrev. List "B".

† Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIII.—GLASGOW.—STILLBIRTHS, DEATHS UNDER 1 YEAR AND DEATH-RATES PER 1,000 BIRTHS IN EACH MUNICIPAL WARD, FOR THE YEARS 1972 AND 1971

MUNICIPAL WARDS	Still-births 1972	Rate per 1,000 Births* 1972	Rate per 1,000 Births* 1971	Deaths —1 year 1972	Death Rate per 1,000 Births† 1972	Death Rate per 1,000 Births† 1971
1. Shettleston and Tollcross ...	11	20	12	15	28	28
2. Parkhead ...	3	13	7	5	22	36
3. Dalmarnock ...	3	8	11	13	34	25
4. Calton	4	23	4	5	30	54
5. Mile-end... ...	4	10	21	9	22	8
6. Dennistoun ...	7	17	11	12	30	27
7. Provan	14	11	15	37	29	25
8. Cowlairs ...	5	12	18	10	24	24
9. Springburn ...	4	12	25	9	27	33
10. Townhead ...	3	19	19	9	58	24
11. Exchange ...	1	17	14	1	17	43
12. Anderston ...	3	18	23	10	61	38
13. Park	3	13	7	5	23	26
14. Cowcaddens ...	—	—	5	2	15	30
15. Woodside ...	3	16	19	5	27	16
16. Ruchill	13	21	15	5	8	27
17. North Kelvin ...	4	9	19	8	19	38
18. Maryhill ...	3	8	21	8	23	17
19. Kelvinside ...	2	7	14	5	19	35
20. Partick (East) ...	1	4	16	4	15	13
21. Partick (West)	3	13	26	3	13	11
22. Whiteinch ...	6	27	4	5	23	49
23. Yoker	5	17	15	5	18	25
24. Knightswood ...	10	15	17	23	34	21
25. Hutchesontown	2	13	—	6	40	30
26. Gorbals ...	3	34	16	—	—	25
27. Kingston ...	2	16	16	2	16	32
28. Kinning Park ...	3	12	14	10	41	14
29. Govan	10	28	14	9	26	27
30. Fairfield... ...	7	25	15	7	26	9
31. Craigton... ...	9	28	25	3	8	29
32. Pollokshields ...	7	16	15	9	21	36
33. Camphill ...	6	19	6	5	17	28
34. Pollokshaws ...	13	18	9	27	39	29
35. Govanhill ...	7	13	13	10	19	22
36. Langside ...	8	23	12	8	24	17
37. Cathcart ...	6	7	14	21	25	17
Institutions ...	1	333	—	—	—	—
Harbour... ...	—	—	—	—	—	—
CITY	199	15	15	330	25	25

* Live and Stillbirths. † Live Births.

TABLE IX.—Glasgow Infant Deaths, 1972.

(from the Registrar General's Annual Return).

Abbreviated List B.		Males			Females			Both sexes
		−4 wks.	4 wks. +	Total	−4 wks.	4 wks. +	Total	− 1 year
	Congenital Anomalies—							
42·0	—of nervous system	4	1	5	8	4	12	17
42·1	—of circulatory system	11	3	14	6	6	12	26
42·2	Other congenital anomalies ...	10	3	13	6	2	8	21
	Diseases of Early Infancy—							
43	Birth injury, difficult labour and other anoxic and hypoxic conditions	58	3	61	33	4	37	98
44	Other causes of perinatal mortality	20	1	21	19	—	19	40
	Diseases of the Respiratory System—							
31	Influenza	—	—	—	—	1	1	1
32	Pneumonia	2	30	32	—	20	20	52
33	Bronchitis, emphysema and asthma	—	—	—	—	—	—	—
46·3	Other respiratory diseases ...	1	3	4	—	4	4	8
	Diseases of the Digestive System—							
36	Intestinal obstruction and hernia	—	1	1	—	—	—	1
46·4	Other digestive diseases	1	1	2	1	—	1	3
	Diseases of the Nervous System—							
24	Meningitis	1	—	1	2	—	2	3
46·1	Other diseases of the nervous system	—	—	—	—	1	1	1
	Tuberculosis—							
5	Respiratory	—	—	—	—	—	—	—
6	Non-respiratory	—	—	—	—	—	—	—
	Infectious Disease—							
4	Enteritis and other diarrhoeal diseases	1	5	6	1	8	9	15
9	Whooping Cough	—	—	—	—	—	—	—
11	Meningococcal infection	—	4	4	—	1	1	5
12	Poliomyelitis	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—
17	Other infective or parasitic ...	3	—	3	1	—	1	4
	Violence—							
E 48·1	Accidents in the home	1	6	7	1	9	10	17
E 48·2	Other violent causes	1	2	3	—	5	5	8
	All other causes	—	5	5	1	4	5	10
	Totals	114	68	182	79	69	148	330

TABLE X.—Glasgow, 1970-1972—Abstract of Notifications under Notification of Births Act, 1907

	1972	1971	1970
Total Number of Notifications	13,362	15,816	16,690
Doctor at Home	284	558	820
Doctor in Nursing Home	11	52	81
Doctor in Institution	12,859	15,002	15,507
Maternity Hospital (Outdoor) Nurse ...	—	—	—
Midwife in Nursing Home	142	159	230
Certified Midwife	—	—	—
Municipal Midwife	65	39	49
Others	1	6	3

TABLE XI.—GLASGOW, 1972 and 1971.—CASES OF INFECTIOUS DISEASE REGISTERED AND NUMBERS OF THESE TREATED IN FEVER HOSPITALS, &c.

	1972				1971			
	Fever Hosp.	Other Institutions	Home	Total	Fever Hosp.	Other Institutions	Home	Total
A. Notifiable—								
Anthrax	—	—	—	—	—	—	—	—
Cerebrospinal Fever ...	11	4	2	17	12	9	3	24
Continued Fever ...	15	—	—	15	30	—	3	33
Diphtheria	—	—	—	—	—	—	—	—
Dysentery	712	27	548	1,287	838	58	903	1,799
Encephalitis Lethargica	—	—	—	—	—	—	—	—
Erysipelas	14	—	9	23	6	—	11	17
Food Poisoning ...	40	6	175	221	53	5	254	312
*Infective Jaundice ...	141	3	200	344	171	4	294	469
Leprosy	—	—	—	—	—	—	1	1
Malaria	3	1	2	6	6	—	—	6
Measles (*a*)	108	13	1,441	1,562	112	54	1,886	2,052
Ophthalmia Neonatorum	14	16	7	37	16	6	5	27
Pneumonia—								
Acute Influenzal ...	1	6	30	37	—	1	11	12
Acute Primary ...	712	518	276	1,506	686	328	280	1,294
Polio-Encephalitis, Acute	—	—	—	—	—	—	—	—
Poliomyelitis—								
Paralytic	—	—	—	—	—	1	—	1
Non-paralytic ...	—	—	—	—	—	—	—	—
Puerperal Fever ...	—	—	—	—	1	—	—	1
Puerperal Pyrexia ...	—	25	—	25	—	19	—	19
Scarlet Fever	6	—	96	102	9	—	98	107
Smallpox	—	—	—	—	—	—	—	—
Trachoma	—	—	—	—	—	—	1	1
Typhoid Fever (and Paratyphoid B) ...	6	—	4	10	9	—	1	10
Whooping Cough ...	3	—	45	48	59	1	458	518
B. Not Notifiable—								
Chickenpox	52	6	699	757	37	1	955	993
Gastro-enteritis	167	11	48	226	254	27	129	410
German Measles‖ ...	9	—	125	134	4	—	138	142
Others	29°	2°	28°	59°	8°	—	4°	12°
Notified but diagnosis altered to Non Infectious Disease	2,043	638	3,735	6,416	2,311	514	5,435	8,260
	1,201	—	—	1,201	1,355	—	—	1,355
	3,244	638	3,735	7,617	3,666	514	5,435	9,615

Where patients suffer from two or more diseases, each disease is reckoned as a case.

Apart from cases of pneumonia admitted to General Hospitals and other Institutions in times of pressure; cases of puerperal fever, puerperal pyrexia, and ophthalmia neonatorum occurring in other than Fever Hospitals and allowed to remain; and cases of trachoma treated in Stobhill Hospital; the cases shown under the headings "Other Institutions" are for the most part, accidental.

* Prior to October 1968 this referred only to "Weil's Disease" but now includes Infective Hepatitis.

(*a*) Became notifiable as from 1st October 1968.

° Mumps.

‖ Became notifiable in November, 1970.

TABLE XII.—GLASGOW—POPULATION: BIRTHS AND DEATHS; BIRTH-RATES AND DEATH-RATES PER 1,000; ALSO DEATHS UNDER 1 YEAR OLD.

DEATH-RATES PER 1,000 BIRTHS SINCE 1915.

Year	Population	Births	Deaths	Birth-rate per 1,000	Death-rate per 1,000	Deaths under 1 Year	
						Number	Rate per 1,000 Births
1915	1,035,091	27,943	20,159	27·0	19·5	4,007	143
1916	1,041,742	27,094	16,601	26·0	15·9	2,996	111
1917	1,048,393	24,030	16,691	22·9	15·9	3,089	129
1918	1,055,044	23,524	18,362	22·3	17·4	2,660	113
1919	1,061,695	25,835	18,237	24·3	17·2	2,937	114
1920	1,068,346	32,626	16,765	31·5	15·7	3,477	107
1921	1,075,000	29,712	15,625	27·6	14·5	3,138	106
1926	1,090,380*	24,541	15,731	22·7	14·6	2,548	104
1931	1,088,461	22,926	15,505	21·1	14·2	2,397	105
1932	1,088,215†	22,732	16,071	20·9	14·8	2,542	112
1936	1,087,230	22,273	16,406	20·5	15·1	2,429	109
1937	1,086,984	22,176	16,379	20·4	15·1	2,313	104
1938	1,092,968*	21,979	15,016	20·1	13·7	1,919	87
1939	1,092,722	21,682	15,010	19·8	13·7	1,737	80
1940	1,092,476	20,965	17,603	19·2	16·1	1,983	95
1941	1,092,229	20,365	16,301	18·6	14·9	2 267	111
1942	1,091,983	20,615	14,679	18·9	13·4	1 863	90
1943	1,091,737	22,363	14,824	20·5	13·6	1,825	82
1944	1,091,491	22,203	14,603	20·3	13·4	2,108	95
1945	1,091,245	20,294	13,941	18·6	12·8	1,379	68
1946	1,090,998	23,560	14,502	21·6	13·3	1,588	67
1947	1,090,752	25,829	15,266	23·7	14·0	1,989	77
1948	1,090,506	22,292	13,620	20·4	12·5	1,241	56
1949	1,090,260	20,923	14,203	19·2	13·0	1,033	49
1950	1,090,013	20,031	14,090	18·4	12·9	879	44
1951	1,089,767	20,091	14,312	18·4	13·1	922	46
1952	1,086,202	20,337	13,841	18·7	12·7	831	41
1953	1,082,796	20,232	12,827	18·7	11·8	723	36
1954	1,079,311	20,977	12,750	19·4	11·8	736	35
1955	1,075,825	21,023	13,275	19·5	12·3	765	36
1956	1,072,340	21,885	13,194	20·4	12·3	720	33
1957	1,068,855	22,413	13,177	21·0	12·3	774	35
1958	1,065,369	22,760	13,454	21·4	12·6	800	35
1959	1,061,884	22,598	13,536	21·3	12·7	799	35
1960	1,058,398	23,092	13,037	21·8	12·3	743	32
1961	1,053,100	22,842	13,368	21·7	12·7	703	31
1962	1,044,500	23,491	13,224	22·5	12·7	762	32
1963	1,029,147	22,618	13,717	22·0	13·3	722	32
1964	1,018,582*a*	22,405	12,277	22·0	12·1	642	29
1965	1,000,857	20,846	12,761	20·8	12·7	586	28
1966	979,798	19,766	12,441	20·2	12·7	598	30
1967	960,527	19,332	11,482	20·1	12·0	474	25
1968	945,034	18,816	12,220	19·9	12·9	494	26
1969	927,948	17,405	12,338	18·8	13·3	470	27
1970	907,672	16,233	12,022	17·9	13·2	375	23
1971	893,790	15,357	11,609	17·2	13·0	389	25
1972	861,898	13,034	12,133	15·1	14·1	330	25

* Extended City.

† Intercensal populations and rates in the years 1932 to 1950 inclusive were revised in 1951 and those for 1952 to 1960 in 1961.

a Midyear population from 1964 onwards

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